RURAL HEALTH CARE PILOT PROGRAM

WC Docket No. 02-60

APPLICATION

Submitted by:

Colorado Health Care Connections

c/o Colorado Hospital Association

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SUMMARY

Colorado has a significant rural presence—47 of our 64 counties are designated rural. Fifty-one of Colorado's counties are in health shortage areas.[1] Forty to sixty percent of Colorado is medically disenfranchised due to lack of access to primary care.[2] These statistics underscore the critical need for telehealth in Colorado.

The rural nature of Colorado led to a digital divide. In 2001 state government in partnership with Qwest Communications launched a 10-year, $70 million public-private investment in a wide area, broadband, fiber optic-based network spanning all 64 county seats in the state. The network was completed in 2003. This network, the Multi-Use Network, is now used by all state government offices throughout the state and by law is available to public sector users, including health care, schools and local government. We propose to leverage the Multi-Use Network as the basis of a dedicated health care network for Colorado's public and non-profit health care providers.

Our objective, over a 2-year period, is to connect <u>all rural hospitals and clinics</u> to a dedicated health care sub-network of the Multi-Use Network. All major tertiary hospitals will be included in the network through peering at the regional gigabit point of presence, the Front Range Giga-PoP, which will also provide access to Internet2, National LambdaRail, and regional networks in Colorado, Utah and Wyoming.

<u>In Year 1 we propose to connect all 38 rural hospitals, 12 mid-size metropolitan hospitals that serve as hubs, and 26 rural clinics.</u> Year 1 total network costs proposed are $3,120,082, with $805,800 paid by network subscribers—a 26% match—and $2,314,282 requested in USAC support. The State of Colorado will provide an additional $150,000 cash match to support statewide telehealth coordination.

The applicant for this effort is the Colorado Health Care Connections consortium, led by the Colorado Hospital Association. The consortium will be comprised of all public and non-profit health care institutions connected to the Multi-Use Network. It will provide management and organizational services including governance, management and staffing to assess, promote and coordinate the use of telehealth and telemedicine services among rural and urban institutions in Colorado.

To achieve our goal, Qwest Communications has committed to upgrade the existing statewide network infrastructure from Asynchronous Transfer Mode to Ethernet. The benefit of this is reduced cost, expanded bandwidth, and the elimination of the need for ATM routing and switching equipment. Qwest has also committed to establish a special tariff for the new Ethernet service specifically for public/non-profit heath care users of the Multi-Use Network.

The proposed effort is sustainable because health care institutions become the anchor tenant for an Ethernet upgrade to the Multi-Use Network. This will facilitate offering this service to all public sector users, including the State, schools and local government. In turn, the public sector then serves as anchor tenant for Qwest to provide Ethernet services to the private sector—homes and businesses—throughout rural Colorado, stimulating rural economic and community development and enhancing the rural quality of life.

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[1] Source: Colorado Department of Public Health and Environment.
[2] Access Denied: A Look at America's Medically Disenfranchised. National Association of Community Health Centers, 2007.

APPLICANT AND PARTNERING ORGANIZATIONS

Applicant

The Colorado Health Care Connections consortium is the applicant. The consortium will be sponsored by and housed at the Colorado Hospital Association. The members of the consortium will be all health care users of the Multi-Use Network and other health care institutions that connect to the Multi-Use Network through peering arrangements at the Front Range GigaPoP.

The Colorado Hospital Association is a 501(c)(6) not-for-profit organization with a wholly owned subsidiary, the Colorado Center for Advancing Patient Safety, a 501(c)(3) not-for-profit organization. Colorado Hospital Association is a membership organization that represents over 80 hospitals in Colorado, including private and government-operated, metropolitan and rural, investor-owned and not-for-profit hospitals. All nonprofit and public hospitals, except for selected federal hospitals, are members. Colorado Hospital Association was founded in 1921 and has been in existence eighty-six years, providing Colorado hospitals services related to advocacy, education, data, communications, and quality and patient safety.

Colorado Hospital Association members care for more than 471,000 people in general, academic, specialty and rehabilitation hospitals. More than 8 million outpatient visits—including surgeries, home health care and emergency room visits—are provided annually. With more than 55,000 people employed (full-time equivalents) and a combined payroll and benefits of more than $3.3 billion, Colorado hospitals are important to the state as major economic and employment contributors as well as health care providers.

Steven J. Summer is President and CEO, having joined Colorado Hospital Association in September 2006. Mr. Summer was the President and CEO of the West Virginia Hospital Association for 13 years before coming to Colorado. He previously was Senior Vice President with the Maryland Hospital Association for 20 years.

A twenty-two member Board of Trustees elected by the membership establishes policy. Representatives of member hospitals serve on councils, committees and task forces to assess the needs of the health care community, to identify priorities and to develop recommendations for the Board of Trustees. One key Council for this application is the Rural Hospital Council, which will be used as a means to disseminate information and seek broader input for the governing board of the Colorado Health Care Connections.

The 2007 Chairman of the Board is Ken Platou, President and CEO of Montrose Memorial Hospital in Montrose, Colorado. Colorado Hospital Association has revenues of about $3.5 million, primarily membership dues. Colorado Hospital Association accepts grants through its Colorado Center for Advancing Patient Safety, a 501(c)(3) nonprofit affiliated with Colorado Hospital Association.

As an organization representing hospitals, Colorado Hospital Association has the unique ability to manage the pilot program and fulfill the coordinative functions of the pilot program, and to continue those responsibilities beyond the end of the pilot program. Colorado Hospital Association will staff an office of telehealth to promote development and use of telemedicine and telehealth statewide, especially in rural areas.

Partnership Health Care Organizations
University of Colorado at Denver Health Sciences Center & School of Medicine

The Health Sciences Center Educational Support Services uses a well-established interactive tele-communications network to serve the populations located in largely rural areas of Colorado and the western United States.   This well-dispersed network, which connects three campuses of the University of Colorado, numerous health care facilities throughout the state, and all of the community colleges, is the backbone for the delivery of educational programs and a full and complete range of health care from tertiary care, to trauma care and specialty care, accessing hundreds of physicians and health care professionals for health care and health education. Some of the more frequently requested clinical consultation services are: high risk obstetrics consultations from rural communities (interpretations of echocardiograms for neonatal patients from numerous rural hospitals around the state); audiology consults for hearing impaired patients, genetic oncology consultations, pediatric consultations for patients with birth defects or developmental and physical handicaps, radiological interpretations, tele-psychiatry consultations to a largely Native American communities, and a variety of consultations (orthopedic, endocrine, infectious disease & HIV, and oncology) for Federal Correctional inmates, as well as others. The University of Colorado Hospital has embraced the opportunity to use interactive video to provide access to limited clinical consultations from highly skilled specialists and to access educational programs for health care professionals.

Bridging for videoconferencing services for the University of Colorado campuses is provided by Educational Support Services located at the Health Sciences Center Campus (UCDHSC). Interactive videoconferencing provides access to educational programs, health care, health education for students and health professions education to rural and underserved areas of Colorado.

Educational programs (degree and non-degree, continuing education, nursing programs, dental programs, pharmacy programs and a wide variety of allied health programs) are delivered over this same interactive network. Additionally, the UCDHSC delivers educational courses (degree and non-degree) to and from the downtown Denver campus, the Boulder campus, and the Colorado Springs campus.

Core degree-granting and continuing education nursing programs are available to students enrolled in the School of Nursing through the Area Health Education Centers (AHEC) sites (Grand Junction, Greeley, Alamosa, Pueblo, and Denver), as well as Montrose Memorial Hospital, The Memorial Hospital in Craig and the Southwest Memorial Hospital in Cortez. The UCDHSC also maintains a reciprocal relationship with the Colorado Community College Network to provide greater distribution of their courses and programs.

The University of Colorado Denver and Health Sciences Center broadcasts weekly clinical education programs such as Clinical Grand Rounds in anesthesiology, medicine, pathology, pediatrics, psychiatry, emergency medicine, trauma and rural health.   Many rural communities and a number of the State of Colorado Correctional Facilities can participate in these grand rounds on a scheduled basis allowing the health care providers in those facilities to access continuing education without leaving those facilities.

The UCDHSC network at the Health Sciences Center Campuses has been extended to Anschutz Medical Campus (formerly known as the Fitzsimons Campus) and includes access to the Nighthorse Campbell Native Health Building, the Anschutz Center for Advanced Medicine (Cancer Center, Inpa-

tient and Outpatient Pavilions), the Rocky Mountain Lions Eye Institute, the new Research Complex I & II, the New Educational Buildings, the Lazarra Center for Oral Health, the new Medical Library and several other academic buildings.

The UCDHSC Educational Support Services provides network access to the Native American Programs to numerous sites throughout the western region of the United States and Colorado, specifically: three sites in South Dakota: the Sinta Gleska University located on the Oglala Sioux Reservation in Mission; the Rosebud Veterans Center, in Rosebud, and the Pine Ridge Community School in Pine Ridge. Additionally, the Health Sciences Center has established connectivity to the Indian Health Service in Seattle, Washington, the Providence Health Center in Anchorage, Alaska, the Wind River Mental Health Clinic, in Wind River, Wyoming, the Jack Brown Center in Tahlequah, Oklahoma, the Hunter Health Clinic in Wichita, Kansas and a site in Sacramento, California. Dial-up access to Native American Communities in the southwestern quadrant four corners region, encompassing Colorado, Arizona, New Mexico and Utah is also available. All of these sites serve patients and students in highly underserved Native American communities, providing health care and education focused at: a) improving the quality of local health care by using modern telecommunication methods to link institutions with individuals in these communities; b) developing self-sustaining telecommunications infrastructures and community competencies in the use of these technologies; and c) enhancing community awareness of serious health problems and advancing culturally informed approaches to their prevention and treatment.

Denver Health Medical Center
Denver Health Medical Center is Colorado's primary "safety net" institution. In the last 10 years, this compassionate organization provided more than $2.1 billion in care for the uninsured. Nearly $285 million of that care was provided last year, constituting 42 percent of all uncompensated care provided in metropolitan Denver and nearly 30 percent in the state.

Twenty-five percent of all Denver residents, or 160,000 individuals, receive their health care at Denver Health. One of every three children in Denver is cared for by Denver Health physicians. Denver Health is a comprehensive, integrated organization with multiple components including a 500-bed main hospital, the Rocky Mountain Regional Level 1 Trauma Center, 911 medical response system for the City and County of Denver, Denver Public Health Department, 8-clinic network of Family Health Centers throughout the city, 12-clinic network of school-based health centers in Denver public schools, Rocky Mountain Poison and Drug Center, NurseLine, a telephone advice line that offers assistance to patients 24 hours a day, seven days a week, Denver CARES, a safe setting for public inebriates with community detoxification services, and correctional care.

Denver Health also houses the Denver Health Paramedic School; the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics; the Rita Bass Trauma & EMS Education Institute; the Colorado Biological, Nuclear, Incendiary, Chemical and Explosive (BNICE) Training Center, a statewide initiative to educate Colorado's health care and public safety workforce on the principles of preparing for, and responding to, a weapons of mass destruction event; and clinical training programs for medical residents and allied health professional in many different specialties.

Colorado Rural Health Center

The Colorado Rural Health Center (CRHC) is an independent, non-profit, membership-based organization that serves as the State Office of Rural Health for Colorado. It is the only rural health center in the United States that is not operated as a division or department of state government.

The Colorado Rural Health Center is a diverse mix of people, programs and places interested in Colorado's rural health care that has a growing list of activities and accomplishments. The Colorado Rural Health Center offers programs and services to ensure that rural communities have access to adequate health care.

The Center acts as a clearinghouse of information and resources on rural health issues in Colorado and the country. This information is available to health care consumers, advocates, facilities, programs, and services.

High Plains Research Network

The High Plains Research Network was formed in 1996 in Northeast Colorado through funding from the Robert Wood Johnson Foundation. The HPRN currently consists of 12 rural hospitals and clinics ranging from six to 40 acute care beds all between 50 and 180 miles from the closest tertiary care center. HPRN not only received independent funding for health care research, but also collaborates with other health care-based agencies and networks. The High Plains Research Network provides approved Continuing Medical Education; system-wide interventions aimed at quality improvement; and, feedback reports on outcomes of interest to physicians, other providers, hospital administrators, and patients.

The High Plains Research Network (HPRN) is a collection of rural hospitals and communities committed to providing excellent rural health care by translating the best scientific evidence into everyday clinical practice. Several recent articles in prestigious medical journals have reported that small rural hospitals and primary care doctors do not provide as good of care as specialists in large hospitals. HPRN disagrees with this. The focus of the HPRN is research. The HPRN seeks to provide evidence of the excellent care provided in the rural high plains. HPRN wants to find out the best way to improve medical care for multiple diseases and in various environments.

Colorado Regional Health Information Organization

The Colorado Regional Health Information Organization (CORHIO) is a statewide coalition of individuals, health care providers, agencies, organizations and community leaders in Colorado working to build an electronic health information network and launch a nonprofit regional health information organization or "RHIO" to oversee the network and its Web-based services. CORHIO will enable Colorado's doctors, hospitals, patients and public health professionals to share health information and have access to vital health information when and where they need it. Building Colorado's capacity for electronic health records and the Web-based exchange of information is seen as an imperative for improving health and health care.

Banner Health

Based in Phoenix, Banner Health is one of the largest, nonprofit health care systems in the country. Banner has 20 facilities that offer an array of services including hospital care, home care, hospice care, nursing registries, surgery centers, laboratories, rehabilitation services. These facilities are located in

seven states - Alaska, Arizona, California, Colorado, Nebraska, Nevada, and Wyoming. Banner employs nearly 25,000 employees, making it one of the country's largest employers, as well.

In addition to basic emergency and medical services, Banner Health medical centers offer a variety of specialized services, including heart care, cancer treatment, delivery of high-order multiple births, organ transplants, bone marrow transplants, rehabilitation services, and behavioral health services. Banner is also involved in cutting-edge research aimed at helping patients suffering from some of the most serious diseases and conditions, including spinal cord injuries and Alzheimer's disease.

Peter S. Fine serves as the company's president and CEO, a position he has held since November 2000. Mr. Fine reports to a 15-member board of directors chaired by Merlin Dewing. The company has annual revenue of about $2.6 billion and assets totaling $3.1 billion.

In Colorado, Banner offers more services than any one Colorado hospital through the Banner Health facilities in Brush, Greeley, Loveland and Sterling comprising one of the most comprehensive networks of experienced physicians, cutting-edge technology while offering the highest in quality care. Banner-owned and affiliated hospitals are all located in the northeast portion of Colorado. These facilities will form the core of participants in the proposed effort, to be joined by all hospitals and clinics operating in Colorado.

Additional Partnering Health Care Organizations

In addition to the above organizations, we have received letters of support from the Colorado Rural Hospital Council, the Colorado Regional Health Information Organization, and Family Health West.

Anticipated Network Provider

This proposal was developed in partnership between Colorado health care institutions (led by the Colorado Hospital Association), the State of Colorado (led by the Division of Information Technologies), and Qwest Communications. The intention of this partnership is to build the proposed health care network by leveraging existing public-sector network infrastructure in the state.

State of Colorado, Division of Information Technologies

The Division of Information Technologies is the organizational home of the state's Multi-Use Network which is the exclusive enterprise network for state agency business and offers access to all political subdivisions of the state, including non-profit health care institutions. This proposal leverages this existing network to form a dedicated, statewide health care network.

The mission of the Division of Information Technologies is to support Colorado State Government business functions with high quality information technology and telecommunications tools. Division of Information Technologies' goal is to be the provider of choice in its areas of expertise. Division of Information Technologies also provides statewide planning for telecommunications as well as supporting the Governor's Office of Information and Technology in their efforts to provide statewide leadership with information technology solutions for citizen centric business initiatives. Division of Information Technologies is comprised of Computing Services, Network Services, Communication Services, Statewide Application Services, Colorado State Archives, Customer Services, and Business Services. If selected as the network provider, the Division of Information Technologies will be responsible for filing Forms 467 with the USAC as each health care circuit is connected to the Multi-

Use Network and complying with all regulatory requirements of the USAC Rural Health program. Division of Information Technologies will bill the each participating health care provider for their portion of total network costs.

The Multi-Use Network

The State of Colorado is proud to have created a statewide, broadband network, completed in 2003. This network was built because Colorado faced a digital divide—the significant rural portions of our state did not have the same telecommunications access (in particular, fiber-optic based access) that was available in metropolitan areas of the state. In 2001 state government in partnership with Qwest Communications launched a 10-year, $70 million public-private investment in a wide area, broadband, fiber-optic based network spanning all 64 county seats in the state. The network was completed in 2003. This network, the Multi-Use Network, is now used by all state government offices throughout the state and by law is available to public sector users, including health care, schools and local government. A map of the network is provided below. It shows the facilities owned and operated by Qwest and its partners upon which the Multi-Use Network was deployed as a subnet.
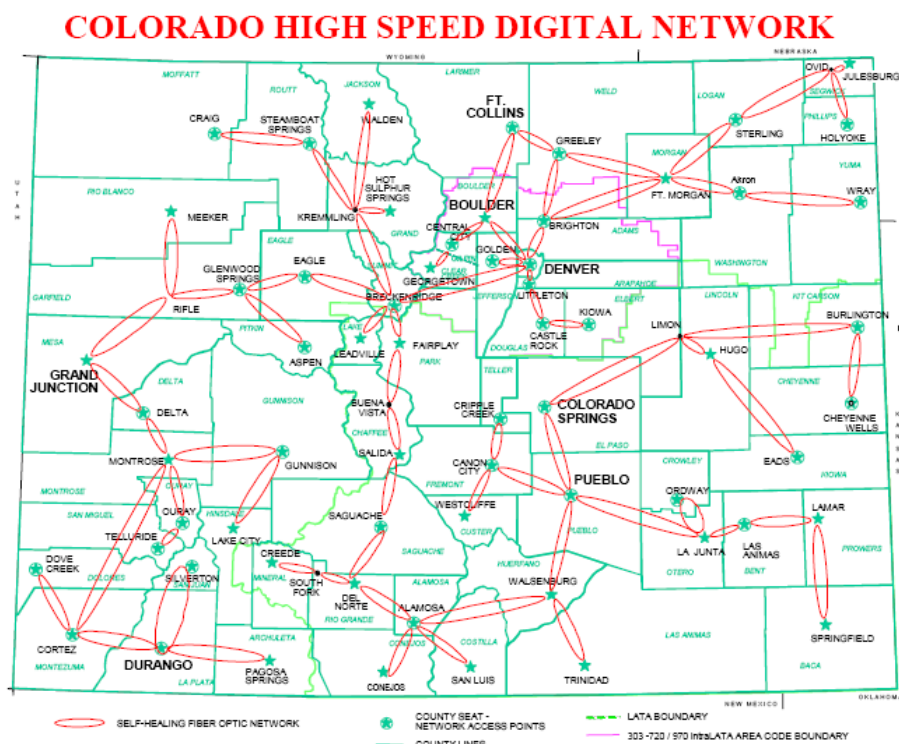
COLORADO HIGH SPEED DIGITAL NETWORK

We propose to leverage the Multi-Use Network as the basis of a dedicated health care network for Colorado's public and non-profit health care providers. Our goal is to connect all 50 rural hospitals and 76 rural clinics to the Multi-Use Network (see Appendix 1 for a complete list). In turn, the Multi-Use Network is connected by dedicated fiber to the major metropolitan tertiary hospitals through the Front Range GigaPoP, the regional point of presence on the major national research networks. The Front Range GigaPoP provides the Multi-Use Network with access to the commodity Internet, Internet2, National LambdaRail, and regional gigabit public sector network connectivity with Wyoming and Utah.

Network Overview

The Multi-Use Network is an enterprise-class service providing secure, high-speed broadband access over carrier-class infrastructure owned and operated by Qwest and its partners. The network spans every county seat in Colorado. It is exclusively fiber optic, except at present in Silverton, where a reliable high-speed microwave link has been deployed. The Multi-Use Network is self-healing—if any one path is cut, traffic is automatically re-routed. The Multi-Use Network receives a much higher level of service commitment from its carriers (Qwest and its partners) than is provided by common commercial enterprise services, or for DSL or cell services. All internal state traffic remains inside of the network and does not traverse the Internet. As such, the Multi-Use Network is an intranet for state government and its political subdivisions.

Internet access is automatically provided as a service with the purchase of Multi-Use Network connectivity. Internet access is provided through two separate primary Internet service Providers (ISP): the Front Range GigaPoP providing four diverse access paths to the Internet; and 360.net providing an additional, independent, separate path. Both the Front Range GigaPoP and 360.net are contracted at the 120 Mbps performance rate. The use of multiple ISPs significantly reduces the risk of service interruption to Internet users, both citizens and employees. Membership in the Front Range GigaPoP consortium provides the State with reduced costs, shared expertise, shared services, increased buying power, and economies of scale.

The Multi-Use Network maintains two independent connections to the Internet and two separate connections across the area code (i.e., LATA) boundary between northern and southern Colorado. The Multi-Use Network Information Security Operations Center provides monitoring and early warning to our customers on malicious code active on the network. In summary, the Multi-Use Network architecture and support provides a highly robust, reliable, available and survivable network that is well-suited to mission-critical state operations.

Front Range GigaPoP

Colorado is very fortunate to have within it one of the few national research network points of presence. This point of presence is at the National Center for Atmospheric Research. A local consortium of higher education institutions and the States of Colorado, Wyoming and Utah have joined together to make access to this GigaPoP available to eligible participating members.
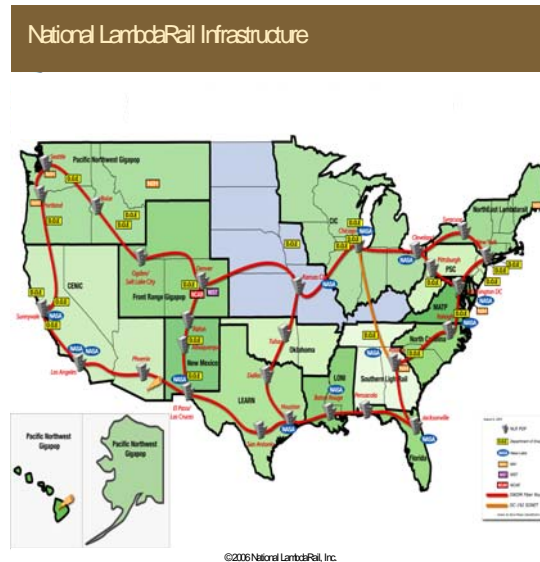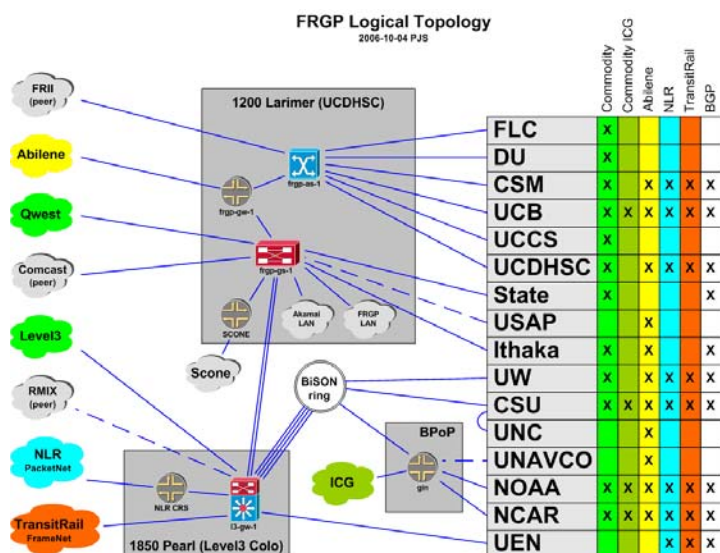
The Multi-Use Network directly connects to the Front Range GigaPoP to the commodity Internet, Internet2, the National LambdaRail, and enterprise networks of higher education of Colorado. Most of Colorado's tertiary hospitals connect to the Front Range GigaPoP through one of these higher education connections.

The Front Range GigaPoP is advancing the research and educational goals of government, non-profit, and educational Front Range GigaPoP members and other institutions in Colorado, Utah, and Wyoming by establishing and maintaining a unique multi-state network infrastructure that is owned and controlled by the Front Range GigaPoP member research and education community. Ownership of the underlying optical infrastructure ensures the research and education community unprecedented control and flexibility in meeting the requirements of the most advanced network applications and providing the resources demanded by cutting-edge network research. The Front Range GigaPoP aims to enable advanced education, support experimental and production networks, foster networking and application research, promote next-generation applications, and facilitate interconnectivity among high-performance research and education networks. The figure above at the left illustrates the Front Range GigaPoP Logical Topology and documents the State of Colorado's participation in the network. The figure at right shows how Denver (e.g., the Front Range GigaPoP) is a major network node in the National LambdaRail Infrastructure. Letters of support from the Front Range GigaPoP and National LambdaRail for this proposal may be found in Appendix 2.

Compliance with USAC Competitive Procurements Requirements

We understand that the contractual agreement between the Division of Information Technologies and the Colorado Health Care Connections must be fulfilled within the competitive bidding requirements of the existing Rural Health program of USAC. Colorado Health Care Connections will post Form 465 requesting statewide Ethernet services on a single subnet with Internet2/NLR connectivity. The Multi-Use Network has pledged to respond to this request for bid. The planning behind this proposal is based on the assumption that the Multi-Use Network will provide the most satisfactory bid in terms of service and price. If, and only if, this is in fact the case, the Colorado Health Care Connections consortium will post Form 466 indicating their selection of the Division of Information Technologies Multi-Use Network as their telecommunications provider. Thereafter, the Multi-Use Network, which has a current SPIN number, will file Form 467s as each individual health care customer and circuit is added to the network.

Letters of Commitment and Support in Appendix 2

Letters of commitment and support from the applicant and partnering organizations may be found in Appendix 2.

GOALS AND OBJECTIVES

Goal
The overall goal of this program is to establish a single, statewide broadband network that supports all Colorado public and non-profit hospitals and clinics.

Objectives
The following objectives will achieve this goal:

1. **Provide universal telehealth coverage statewide** by leveraging the State's existing enterprise network, the Multi-Use Network.

2. **Establish a special intrastate tariff available to all public and non-profit health care facilities** connected to the Multi-Use Network. This tariff will be established by Qwest Communications and form the cost basis of the telecommunications service that the Multi-Use Network resells to its subscribers. This base Ethernet rate will be equal to the QMOE (Qwest Metropolitan Optical Ethernet) service now offered in a few major metropolitan areas in Colorado.

3. **Provide scalable bandwidth to meet networking needs** for today and tomorrow through Ethernet technology. Specifically, we have planned on roughly 5 Mbps Ethernet connectivity for rural clinics and 40 Mbps for rural hospitals, with allowance up to 100 Mbps or even 1 or 10 Gbps for large hospitals outside of the metropolitan Denver area.

4. **<u>Include all rural health care facilities</u>**, specifically, 50 hospitals and 76 health clinics

    Letters of support from representative health care providers are included in Appendix 2. Colorado has 24 rural counties and 23 frontier counties, along with 17 urban counties. 3 of the rural counties and 11 of the frontier counties do not have hospitals. Telemedicine / telehealth are critical in providing care to residents living in these areas, as well as travelers. Some of the state's major highways run through many of these rural and frontier areas. Even primary care is a challenge in many of the communities in these counties. The intent of this pilot project would be to link all eligible providers as quickly as technology—both IT and telemedicine—can be deployed. This will also require linking urban and metro providers to the network so that they can provide the telemedicine services to the rural areas. Thus, coordination and deployment strategies are critical to this program.

5. **Peer the major metropolitan tertiary hospitals** in Colorado to the rural hospitals and clinics connected to the Multi-Use Network through the Front Range GigaPoP, to which both the networks serving the tertiary hospitals and the Multi-Use Network connect. (See Front Range GigaPoP network logical topology diagram on page 8.)

6. **Provide Internet2 and/or National LambdaRail access** to all Colorado's hospitals and clinics.

7. **Provide telehealth governance, management and staffing** for the above goal and objectives by convening Colorado Health Care Connections. The Colorado Health Care Connections consortium is a statewide consortium of health care providers either directly connected to the Multi-Use Network or peered with the Multi-Use Network through the Front Range GigaPoP. The goal of the consortium is to support the development and use of telehealth practice and technology throughout the state. Colorado Health Care Connections will be convened, managed and staffed by the Colorado Hospital Association, which will serve as the corporate sponsor. Colorado Health Care Connections will be the governing body for this pilot program.

AGGREGATING HEALTH CARE PROVIDER USAGE

The following specific steps will be taken by Colorado Health Care Connections to reach our goal of aggregating all health care facilities onto one enterprise-broadband network:

1. **Use existing statewide public sector enterprise network.** This strategy builds on the existing infrastructure, investment, and human capital in place in Colorado to provide statewide, public sector, enterprise grade broadband services, e.g., the Multi-Use Network. (See Appendix 4 on Background for more detail on the Multi-Use Network).

2. **Establish a statewide telehealth coordination function.** The Colorado Health Care Connections consortium, through the Colorado Hospital Association will provide the necessary leadership, management and staffing to organize a statewide response to this opportunity. The Colorado Hospital Association, as the corporate home of the consortium, is in constant daily contact with the state's health care institutions on a wide range of levels. They have enthusiastically agreed to adopt this new activity as an inherent part of their mission. The consortium itself will be comprised of broad representation of health care providers, including tertiary institutions, rural hospitals, and rural clinics. (See section below on Management Plan.)

3. **Statewide, universal Ethernet access.** An essential strategic component to aggregate usage among health care providers is to provide universal access to the network across the state at affordable rates. To drive the deployment of Ethernet services to rural Colorado, Qwest Communications has committed to establish a statewide intrastate tariff with a single, flat urban/rural rate specifically limited to use by public and non-profit health care users of the Multi-Use Network. Qwest will set forth a deployment schedule for the new Ethernet service that is designed to reach all rural health care facilities over a two-year rollout. Because this deployment serves as the "anchor tenant" to a statewide upgrade of the Multi-Use Network from Asynchronous Transfer Mode technology to Ethernet technology, the risk of achieving the full deployment for health care is reduced because the burden of full deployment will ultimately be underwritten by the entire set of public sector users in health care, education, local, and state government.

4. **Defray construction and installation expenses through funding requested in this application.** Funding is a key element of our strategy for aggregating use. We need the funding to make a new service universally available. The funds requested in this application are sufficient for Qwest Communications to make a commitment to the Multi-Use Network to deploy Ethernet services to all health care facilities in rural Colorado.

5. **Interconnection with Internet2 and NLR.** Having access to these networks is a powerful incentive to health care providers to aggregate their traffic on our network. These services are only available to aggregated networks. The ability to connect at high speed to any health care facility in the nation will be a unique capability of our network versus other alternatives in the state. We will make these connections through one of the nation's GigaPoPs, operated by the National Center for Atmospheric Research and main peering point for the Front Range GigaPoP, a consortium comprised of the State and of higher education institutions in Colorado and elsewhere.

6. **Peering with major hospital systems.** Aggregation is already an accomplished fact for Colorado's major metropolitan health care facilities. University of Colorado Hospital, The Children's Hospital, and Denver Health Medical Center networks all currently peer directly with one another through the Front Range GigaPoP. Peering points associated with Qwest as a Tier 1 carrier and the dark fiber networks converging at the Front Range GigaPoP are interconnected at the Front Range GigaPoP. The large non-profit hospital systems such as Centura Health and Exempla Healthcare are served by Tier 1 Internet providers which have points of presence at the Front Range GigaPoP. Other large primary hospital systems, such as Banner Health in the northeast part of the state and St. Mary's Hospital in Grand Junction on the Western Slope, will join the Colorado Health Care Connections network directly.

ESTIMATED TOTAL COST

This proposal is for one year, Year 1 of an anticipated 2-year participation in the Rural Health Care Pilot Program. Both years are shown in the budget table, plus Year 3 to illustrate sustainability and the baseline need for continuing USAC Health Care program support at a reduced level.

During Year 1, 50 hospitals and 26 clinics will be connected. During Year 2, the remaining 50 rural clinics will be added to the network.

Itemized costs by facility, for all 126 facilities, by year, is provided in Appendix 1. Aggregate costs are summarized in the table below.

	Year 1	Year 2			Year 3
	Phase I	Phase I	Phase II	Total	Phase I & II
HEALTH CARE NETWORK COSTS					
Qwest Discounted ATM Rates	1,286,701	1,286,701	588,383	1,875,084	1,875,084
ILEC Backhaul Mileage (Estimate)	221,128	221,128	108,688	329,816	329,816
Qwest Interstate Backhaul Mileage	221,128	221,128	108,688	329,816	329,816
Qwest Installation Charge (One Time)	131,760	-	83,000	83,000	-
Qwest Ethernet Router Costs (One Time)	840,520	-	482,572	482,572	-
QMOE Install Rate (One Time)	50,400	-	30,000	30,000	-
Multi-Use Network Charges $9/MB/mo	234,846	234,846	28,458	263,304	263,304
Internet2/NLR Cost	133,600			133,600	133,600
TOTAL	**3,120,082**	1,963,802	1,429,790	**3,527,192**	**2,931,620**
CONSORTIUM MATCH					
Metro QMOE Annual Price	**805,800**	805,800	414,120	**1,219,920**	**1,219,920**
Match Ratio	**26%**			**35%**	**42%**
USAC SUBSIDY					
Form 467--Circuit by Circuit	2,180,682			2,173,672	1,578,100
Form 467-- Aggregated Internet2/NLR	133,600			133,600	133,600
TOTAL	**2,314,282**			**2,307,272**	**1,711,700**

Health Care Network Cost
Per-Circuit Costs
The costing concept for this proposal is:

1. to provide Ethernet service to rural providers

2. to build on an existingstatewide ATM network

3. to recover, as match, on monthly, recurring basis, from all users, the cost of Ethernet service at the metropolitan rate

4. to request from the USAC Health Care Pilot program the remaining costs of deploying Ethernet to rural health care facilities

Item 4, the remaining costs after match, includes the following cost elements:

- Qwest ATM Rates. This is the cost of connecting to the exiting ATM network. Qwest has discounted this cost by 25% for the larger (100 Mbps and 40 Mbps) circuits.

- Backhaul Mileage. On a case-by-case basis, some facilities are not within the mileage-free service area of the ATM cloud and require backhaul. Some of these facilities are in non-Qwest service areas, and some are within Qwest—backhaul mileage is broken out in the spreadsheet accordingly:

  - ILEC Backhaul Mileage (Estimate). ILEC backhaul mileage is estimated to be the same cost that Qwest will incur for its meet-point backhaul.

  - Qwest Interstate Backhaul Mileage. This is based on actual miles of backhaul required at the designated bandwidth per circuit.

- ATM Installation Charge (one-time). This is the normal charge used by Qwest whenever a new ATM circuit is installed: $2,360 for a 100 Mbps circuit, $1,660 for all other circuits.

- Ethernet Router Costs (one-time). This is the cost of the router to be placed on customer premises to deliver Ethernet services. $16,959 for 100 Mbps circuits, $10,838 for 40 and 7.5 Mbps circuits, and $9,602 for 4.5 Mbps circuits.

- Ethernet Install Rate. This is the established installation charge for Ethernet service in the metropolitan areas. $1,200 for 100 Mbps circuits, $600 for all other circuits.

- Multi-Use Network Surcharge. This is the cost incurred by the State to manage the private network comprised of Qwest circuits. It includes all unallocated network costs such as engineering, central switches and routers, major circuits interconnecting the switches, connections to the Front Range GigaPoP and commodity Internet services. For the proposed health care network, for eligible health care users, this surcharge will be $9 per Mbps per month. This cost is well below the Multi-Use Network surcharge charged all other public-sector users to date of the Multi-Use Network ATM, Frame Relay or DSL service, which has been set at 33% mark-up over circuit costs.

Internet2/NLR Cost

Internet2/NLR access is a fixed cost of operation and is needed to be in place at the beginning operation of the network for the first health care subscriber. Therefore, the proposal is to recover this cost when the network becomes subscriber-capable; it would be recovered directly by the network provider through a Form 467.

- Internet2/NLR Cost. Cost basis is $80,000 for Internet2/NLR subscription for the State of Colorado to the Front Range GigaPoP, plus $53,600 per year for the circuit to connect Internet2/NLR traffic between the Multi-Use Network and the Front Range GigaPoP.

Consortium Match

The fundamental concept of the USAC Health Care program, the Health Care Pilot Program, and this proposal is to achieve **parity in monthly operating costs between metropolitan and rural subscribers** by type of service. We have elected Ethernet as the service of choice because connections are simpler and cost much less per Mbps than alternatives such as ATM for Frame Relay. While the Health Care Pilot Program requires a minimum 15% of total network costs be paid as match by the applicant, in identifying our match as the monthly, recurring Ethernet costs, our total match during Year 1 will be 26%, growing during the anticipated Year 2 to 35%, and leveling off at 42% thereafter.

USAC Subsidy

The USAC subsidy requested is the difference between the total network costs and the consortium match based on monthly recurring Ethernet subscriber revenue. This proposal is for the Year 1 subsidy only. However, we have calculated total network costs, consortium match, and USAC subsidies for Year 2, which completes universal deployment to all Colorado public and non-profit health care facilities, and Year 3, which documents the sustainability of the program, given continued USAC Health Care support at a reduced rate from Years 1 and 2.

Pricing Goal

Our pricing goal is to make Ethernet service available to health care users throughout the state, in all locations, metropolitan and rural, at the same rate through the assistance of this pilot program. By leveraging the Multi-Use Network infrastructure and the sizable investments already made, coupled with the FCC grant, this goal can be a reality. Qwest has offered aggressive discounts, as much as 25% below standard tariff for the ATM transport component of the Ethernet service and is truly committed to the success of this initiative. Further detail on Qwest's match to this effort is in the section regarding match below. The state has also reduced its current surcharge on network circuit costs to 9% from 33%.

Bandwidth Allocations

Bandwidth allocations were made as follows: all hospitals of 100 beds or more were allocated 100 Mbps. All remaining hospitals were allocated 40 Mbps. Those remaining hospitals that have insufficient interoffice facilities will be provisioned at a rate the interoffice facilities will support, which is 7.5 Mbps. All clinics will be connected at 4.5 Mbps.

FOR-PROFIT PARTICIPANT NETWORK COSTS

Public and non-profit metropolitan hospitals will interconnect to the statewide health care network through peering points either with Qwest, the Multi-Use Network, or the Front Range GigaPoP. Many of these institutions already peer in this way, for example: Denver Health is connected behind the City and County of Denver which has direct fiber to the Front Range GigaPoP. University of Colorado Hospital and The Children's Hospital are connected to the University of Colorado at Denver and Health Sciences Center and connect directly to the Front Range GigaPoP via dedicated fiber.

For profit metropolitan hospital networks will participate in the network in a similar fashion, by simply peering with a point of presence of the Colorado Health Care Network at such peering points as Qwest's central offices, Multi-Use Network points of presence, primary members of the Front Range GigaPoP, or the Front Range GigaPoP directly.

PROJECT MATCH

Source of Minimum Fifteen Percent Direct Match
The consortium's direct match was documented above in the section, Estimated Total Cost. The basis of the match is the subscriber-paid monthly recurring costs for Ethernet connection at a rate identical to that paid in metropolitan areas of Colorado. This proposal makes Ethernet service available to all public and non-profit health care providers throughout the state, regardless of location, at the same rates.

Our proposal provides substantially more than the 15% match required by this program. That match, shown in the table of total costs by year, is repeated here:

	Year 1	Year 2			Year 3
	Phase I	Phase I	Phase II	Total	Phase I & II
CONSORTIUM MATCH					
Metro QMOE Annual Price	**805,800**	805,800	414,120	**1,219,920**	**1,219,920**
Match Ratio	**26%**			**35%**	**42%**

As the table illustrates, the match begins at 26% for Year 1. With continued participation in the program in Year 2, the match grows to 35% because the Year 1 installation costs are nonrecurring. In Year 3 the match further grows to 42% because all installation costs have been incurred and only monthly operating costs remain (which include the cost of provisioning the Ethernet handoff with ATM connection and backhaul mileage where necessary; please see section on Costs above).

$150,000 Additional Cash Match —State of Colorado
In addition to the match from consortium members, there is an additional $150,000 cash match from the State of Colorado. Specifically, the Department of Personnel and Administration, Division of Information Technologies has committed to making a $150,000 grant to the Colorado Hospital Association for the management of the Colorado Health Care Connections, including governance, coordination, and staffing associated with this proposal. These governance, management, administrative, and staffing functions are absolutely critical to the success of the network. To assure these functions are carried out, they have been budgeted for (see Appendix 3) and a source of funds has been identified (see letter of commitment from Colorado Department of Personnel and Administration, Division of Information Technologies in Appendix 2).

Qwest Investment / Match
Finally, without the existing State of Colorado Multi Use Network, it would not be possible to offer Rural Ethernet Services affordably. The goal of this project is to offer rural health care facilities high speed Ethernet hand-off for the same price that it is offered in the metropolitan areas.

Qwest is capitalizing the revenue stream anticipated from adding health care facilities to the Multi-Use Network through resale of its services. Further, Qwest is leveraging this revenue with the additional public sector business anticipated due to other public sector users of the Multi-Use Network in communities when the new Ethernet service is deployed initially to serve health care providers. Finally, Qwest's business case recognizes that the public sector anchor tenants will enable Qwest to serve the entire private sector community throughout rural Colorado, representing significant new and additional revenue to the network.

Qwest's cost and pricing calculations, therefore, in support of this application anticipate a cost—i.e., an investment—of more than $4.5 million dollars, which is more than double the anticipated Year 1 USAC revenue. Thus, it is fair to say that another indirect match to this Colorado proposal is the additional $4.5 million Qwest intends to invest in expanding Ethernet services throughout rural Colorado to serve the rural health care facilities targeted in this proposal.

SUMMARY OF PARTICIPATING FACILITIES

Our goal is universal participation of all rural hospitals and clinics in Colorado in the proposed Colorado Health Care Connections consortium. The facility selection criteria used were: all public or non-profit hospitals and clinics registered with the Colorado Department of Public Health and Environment in rural (non-MSA) counties or rural regions of metropolitan (MSA). Twelve hospitals in mid-sized metropolitan areas that serve as hubs for rural regions were also included.

Over a 2-year period, we plan to connect 126 public and non-profit health care facilities: 50 hospitals (38 rural and 12 midsized metropolitan, 76% rural) and 76 clinics (65 rural and 11 metro, 86% rural). A map of the targeted facilities is provided below. <u>During Year 1 we will connect all 50 hospitals and the 26 clinics of the Colorado Rural Health Center.</u>

COLORADO HEALTH CARE CONNECTIONS
TARGETED HOSPITALS AND CLINICS

● HOSPITALS   ● CLINICS
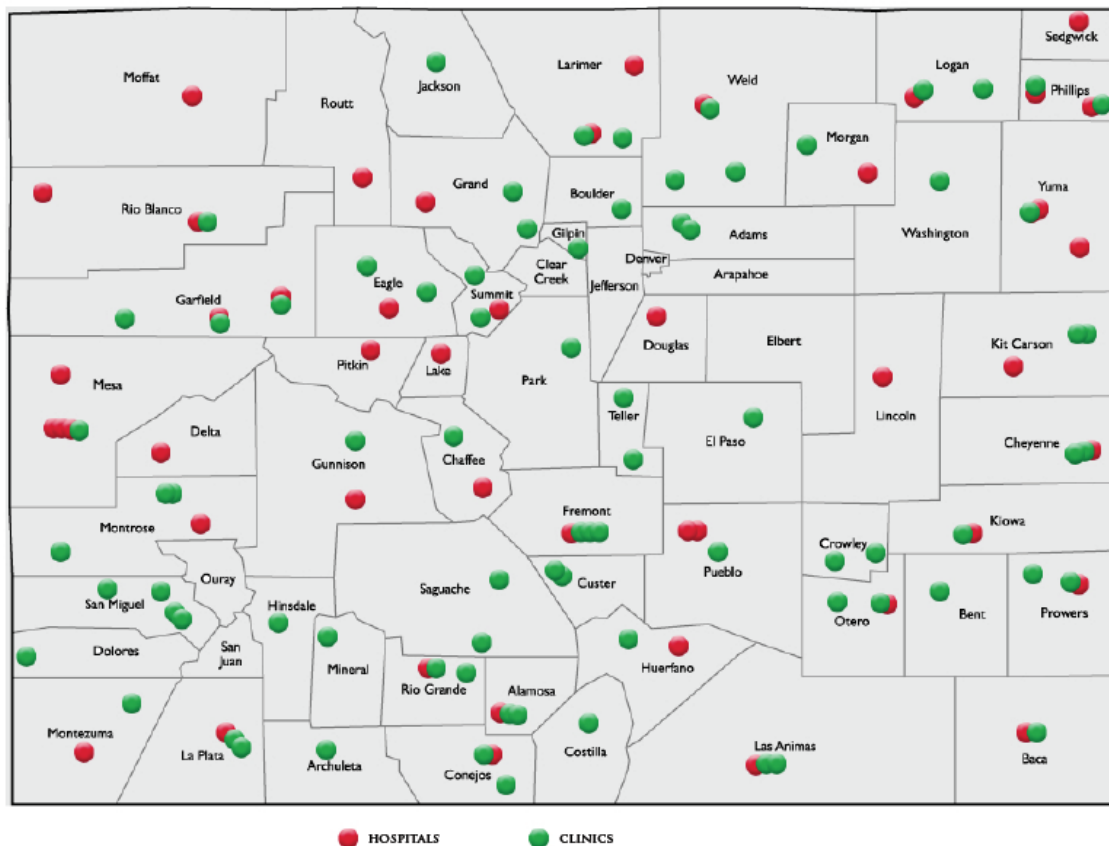
Because the proposed health care network builds on the existing statewide infrastructure of the Multi-Use Network, we are able to connect facilities independent of location. A complete listing of Year 1 and Year 2 facilities, their anticipated bandwidth requirements, the costs of connecting (both match and USAC components), and their Rural-Urban Commuting Area (RUCA) codes is provided in Appendix 1.

PREVIOUS TELEMEDICINE EXPERIENCE

Overview
There are four principal telehealth networks operating in Colorado:

- The University of Colorado Health Sciences Center network (based in Denver and including the Anschutz Campus, The Children's Hospital, hospitals in Craig, Montrose, Cortez and Grand Junction, and Area Health Education Centers in Pueblo, Alamosa, Clifton, Greeley)

- The Denver Health network (covering the hospital in Steamboat Springs and serving Department of Corrections facilities)

- Banner Health system hospitals and the High Plains Rural Health Network.

- The Centura Health network in the southeast

The Colorado General Assembly has passed a number of laws in support of telehealth, which are summarized below. In addition, The Colorado Health Foundation has identified health information technology as a key component in ensuring access to quality health care. The Foundation has committed $2.5 million this year for the first year's health information technology initiative, dubbed Healthy Connections. This money is not available for capital purposes, but to support programmatic development.[3]

University of Colorado at Denver and Health Sciences Center
The UCDHSC supports numerous platforms for telehealth/telemedicine programs, including, but not limited to: domestic satellite downlinks, interactive compressed video (both H.323 & H.329 (IP – Internet Protocol) and H.320) and ISDN (dial up) running at 384 or 768 kbps; ATM and PACS serving teleradiology applications, providing access locally, nationally and internationally. The UCDHSC manages three separate video bridges (two Montage bridges with a total of 28 ports and one Accord MGC-100 with a total of 88 ports) for the purpose of multipoint conferencing. The two Montage bridges support H.320 video and the Accord supports H.320, H.323, and H.329 or IP video. Additionally, the UCHSC video network has ten ISDN lines allowing for dial up connectivity.

The network is supported by both UCDHSC and affiliate users. The network is managed as an auxiliary network (fee for service) basis. Internal users and formal affiliates have the option to pay for services on an annual access fee basis. This annual access fee (which is prorated to all of our users) provides access to the videoconferencing network on a per port hour fee. These fees are allocated to the different users (School of Medicine, School of Nursing, School of Pharmacy, Graduate School, and all affiliate hospitals, i.e., The Children's Hospital, the University of Colorado Hospital, Denver Health Medical Center, National Jewish Medical and Research Center, and Denver Veteran's Administration Hospital, etc.)

The access fee is based on the total port hours used by all users collectively, which determines the total port hour fee based on the cost of maintaining the campus network infrastructure, manpower and

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[3] Health Information Technology: A Strategy for Creating a Healthier Colorado. The Colorado Health Foundation, February 2007.

resources. A port hour fee is defined by the number of sites in a conference and the total number of hours the conference is connected, i.e., a conference with two sites which is connected for three hours would have total of 6 port hours. Current fees are $29/hour/site for member users, with a $50/hour/site ad hoc fee for non-member users.

Denver Health and Hospitals (Denver Health Medical Center)

Denver Health offers a wide array of telemedicine services emphasizing clinical care, teaching and research. A complete range of specialties are available, and consultations are performed by board-certified physicians who also have academic appointments at the University of Colorado Health Sciences Center. Since its inception in 1995, DH telemedicine specialists have been providing consultations to inmates at several jails and prisons throughout Colorado. Denver Health is the first and only Colorado program to furnish ongoing EMS/trauma consultations. Denver Health's internationally known educational programs are now available in trauma/EMS, medicine, pediatrics and nursing via video conferencing. Continuing Education credits are offered for physicians, nurses, and para-medic/EMTs. The one-to-two hour sessions may be accessed from remote sites throughout Colorado, the nation, and the world.

Banner Health

The North Colorado Medical Center uses many technological tools to bridge communication between urban and rural medical facilities. Telephone, digital imaging and video conferencing are just three ways urban specialists provide consultations, education, and training to health care providers in rural communities.

Banner Health currently operates in a partnership with the High Plains Rural Health Network (HPRHN), a televideo system that connects 26 rural and urban communities in four states. Administrative, education, and clinical departments throughout the Banner Health utilize this service. The North Colorado Medical Center is also using the HPRHN communication lines for teleradiology service in the outlying communities of Wray, Julesburg, Holyoke and Brush, Colorado. In 2000, Banner Health became the primary technical support for the HPRHN system, which is facilitated through the Information Technology Department at North Colorado Medical Center. A system bridge is located at Sterling Regional MedCenter. This project has resulted in significant savings in transmission costs.

The development of a director of telehealth position, and the related expansion of the televideo and telehealth systems is intended to improve quality and access in meeting the administrative, educational and clinical needs of Banner Health in a timely, cost-effective manner. Although there has been a significant increase in the administrative use of the system, there continues to be significant opportunity to further leverage the ability of the system to increase efficiencies. In the development of key national relationships, Banner Health is directly involved in activities at the Office for the Advancement of Tele-Health in Washington D.C., the American Telemedicine Association and the Association of Telemedicine Service Providers. These organizations provide access to those individuals involved in the development of federal laws and regulations regarding Telemedicine, as well as grant programs, legal review and opinions, and programmatic experience. The Department of Tele-Health Services at Banner Health facilities will continue to develop and coordinate relationships with these and other outside organizations.

Televideo provides an opportunity for outlying rural providers to receive continuing medical education. As the nation faces national staffing shortages, this technology allows urban providers and col-

leges to aid in the development of rural staff through a variety of training programs. This technology also allows Banner's urban providers and staffs to develop new skills, while sharing information and experience.

Clinical use of telehealth was established to provide access to and reduce the cost of Banner's current Specialty Physician Outreach Clinic program. It also helped to develop a regional system that ties outlying rural emergency rooms and tertiary providers. Telehealth is used in the following services: burn care, echocardiograms, home care, pediatric rehabilitation, behavioral health, residency preceptorship, teleradiology, and wound care. Through the aggressive use of televideo and computer based systems, health care access can be significantly improved for communities that need increased and/or new coverage. This allows residents of rural areas to visit with physicians in urban communities without having to travel away from home. Medicare and Colorado's Medicaid program pay for specialty physician consults via telehealth systems. As mentioned below, there also is legislation in Colorado requiring health insurers to cover services provided via telemedicine on the same basis as a face-to-face visit.

The televideo system is used to connect the Banner Health Residency Program at North Colorado Family Medicine in Greeley with its rural rotation site in Wray, Colorado. This allows daily "real time" communication between outlying residents and program faculty in Greeley. The ability to connect these providers is critical for this program.

Colorado General Assembly Support of Telemedicine

The Colorado General Assembly has been supportive of the development and use of telemedicine throughout Colorado. Effective January 1, 2002: "no health plan that is issued, amended, or renewed for a person residing in a county with one hundred fifty thousand or fewer residents may require face-to-face contact between a provider and a covered persons for services appropriately provided through telemedicine…."[4] In 2006, the General Assembly removed language limiting this to rural areas.

In 2005, a legislative declaration was made: "The general assembly hereby finds that a lack of access to quality, affordable health care services is an increasing problem, both in Colorado and nationwide, and contributes to the spiraling costs of health care for individuals and businesses. This problem could be alleviated by greater interstate cooperation among and mobility of, medical professionals through the use of telemedicine and other means."[5]

Also in 2005, the Colorado legislature authorized a study of "increasing access to healthcare through use of appropriate communication technologies, including telemedicine."[6] Responsibility for the study was placed in the interim Health Care Task Force that was established by SB 05-227.

As a result of the interim Health Care Task Force study, SB 06-04 was introduced and passed during the 2006 legislative session. It requires the Colorado Department of Corrections to study the state's options for providing medical services to state inmates in correctional facilities via telemedicine.

Senate Bill 06-165 endorsed the use of telemedicine and provided for payment for medical and health services rendered to Medicaid beneficiaries via telemedicine on the same basis as if the care were pro-

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[4] *Colorado Revised Statutes*, §10-16-123.
[5] *C.R.S.*, §24-60-3101
[6] Senate Bill 05-244

vided in person. It also established a pilot program for enabling delivery of health services for selected chronic conditions to Medicaid enrollees.

During the current legislative session, which is underway, SB 07-196 would create an advisory committee to develop a long range plan for health information technology, including electronic health records. It would create an interstate compact among western states for health information technology. This is supportive of the CORHIO efforts to link health care providers for purposes of access to patient health information.

MANAGEMENT PLAN

Overview of Organizational Roles and Responsibilities

The Applicant is the Colorado Health Care Connections consortium. The corporate home for the applicant is the Colorado Hospital Association. The project will be governed by a Governing Board representing rural and metropolitan health care institutions and rural leadership for Colorado. Telehealth coordination services will be housed at the Colorado Hospital Association. The membership of the consortium is comprised of all health care providers participating in this program either by directly subscribing to the health care network (subscribing members, mainly rural hospitals and clinics) or peering with the health care network through the Front Range GigaPoP peering point (peering members, mainly tertiary hospitals).This proposal is a partnership effort between the consortium and the State of Colorado and hence the anticipated Provider (subject to the regulatory requirements of the existing Rural Health Care Program of the USAC) is the State of Colorado, Division of Information Technologies, Multi-Use Network. The Multi-Use Network is a value-added, managed, private network, based on statewide, fiber-based Qwest Communications telecommunications infrastructure. The Division of information technology will file Form 467s as each subscriber is connected to the network. The figure below illustrates these roles and responsibilities.

COLORADO HEALTH CONNECTIONS
ROLES AND RESPONSIBILITIES

APPLICANT
Colorado Health Care
Connections Consortium

PROVIDER
State of Colorado
Division of Information Technologies
(reseller of Qwest)

CORPORATE HOME
Colorado Hospital Assn

NETWORK
Multi-Use Network
Special Healthcare Ethernet Tariff
Equal Urban-Rural Rate

Governing Board
• Colorado Hospital Assn
• Univ. of Colo. Health Sciences
• Denver Health
• Banner Health
• Colorado Rural Health Center

Telehealth Coordinator
• USAC filing role
• Practice matchmaking role
• Other roles

Members
• Subscribing Members – 126
  - Metro hospitals – 12
  - Rural hospitals – 38
  - Metro clinics – 11
  - Rural clinics – 65
• Peering Members – Tertiary Hospitals
  - University Hospital
  - Denver Health
  - Children's Hospital
  - Non-profit systems (Centura)

26% match from operating

USAC SUPPORT
Health Care Pilot
Program Award

$2.3 M cost support

Leadership

The Colorado Health Care Connections consortium will be led by a Governing Board comprised of representatives of rural hospitals and clinics and their counterpart tertiary metropolitan hospitals. The initial composition of the Governing Board is as follows (letters of commitment from Governing Board members may be found in Appendix 2):

- Colorado Hospital Association
- Colorado Rural Health Center
- University of Colorado Health Sciences Center and School of Medicine
- Denver Health Medical Center
- Banner Health

The initial board will develop a governance structure and elect additional members from users – members or peered – to bring its membership to 12 voting members as soon as there are 20 participating users. At least 50% of the elected board members will represent rural health care providers.

Responsibility for the proposed Rural Health Care Pilot Program will be collaborative.

Technical Work Plan
Network Architecture
The intention of the Colorado Health Care Connections application is to leverage the existing public sector network as the basis of a statewide, broadband, dedicated health care network, as contemplated in the Order, Paragraph 16, "leveraging existing technology." For this proposed effort, working closely with Colorado Health Care Connections and Qwest, the Multi-Use Network proposes to develop a new service:

- wide area Ethernet, suitable to the needs of the health care community

- a single subnet of the Multi-Use Network forming a dedicated network for health care users

- a special tariff designed to make possible universal participation affordable to all rural hospitals and clinics in the state at the metropolitan rate for Ethernet given the USAC support requested in the proposal

- connection to Internet2 and/or National LambdaRail

Network Architecture for
Colorado Health Care Connections
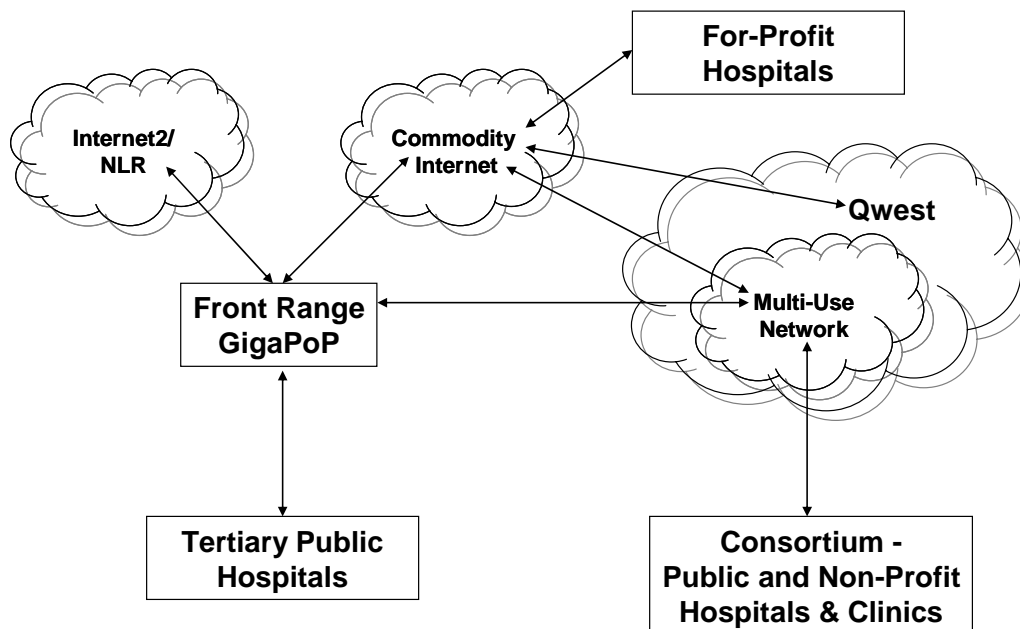
The figure below illustrates the network architecture proposed for the Colorado Health Care Connections dedicated broadband health care network. Our plan is to base network services on the State of Colorado's dedicated wide are network, the Multi-Use Network.

Network Services

The Colorado dedicated health care network to be created through this proposal will be designed as one subnet to provide a standard for connectivity for health care providers throughout Colorado. The health care network will be designed as a third-party connection to the participating hospital and clinics. It will provide broadband connectivity to all hospitals and clinics around the state of Colorado without the requirement of point-to-point circuits. It will be based on Ethernet technology. It will support point-to-point video conferencing for medical consultation (telemedicine), point-to-point connectivity for transmitting and receiving data for the broad range of clinical and informational needs of health care provider, including: radiology, EMR, pathology, echocardiograms, CAT scans, MRI, electronic pharmacy, electronic ICU, etc. It will support data bursting on demand across the health care network. It will provide Internet2/NLR access for medical educational and telemedicine across the nation. Having the same network platform provides equal clinical access to health care providers across the state.

Network Deployment

If and only if the Multi-Use Network is selected as the network provider for this effort, the State of Colorado, Division of Information Technologies will work in collaboration with its private-sector partner, Qwest Communications, to deploy statewide Ethernet services riding the exiting Multi-Use Network to the targeted health care facilities. The following plan for deployment is anticipated:

Upon award of contract and receipt of an order, Qwest will begin immediate construction (weather permitting) for the high bandwidth locations (all 100Mbps and 40Mbps) in Year 1 requiring fiber optic construction builds. Qwest's typical installation interval is 120 days to install the required fiber optics and the associated electronics equipment. This interval assumes that there are no right-of-way or other such delays in obtaining construction permits. As the current Multi-Use Network provider, Qwest has performed an engineering analysis on the proposed 4.5 Mbps and 7.5 Mbps locations and today there are facilities in place to support those bandwidths. These locations could typically be implemented in 30 to 60 days from when orders are placed to Qwest. If additional bandwidth is required for these locations, additional construction charges and increased intervals would most likely apply. The anticipated Year 2 locations will start to be deployed in Year 2 and the same installation intervals will apply. Qwest will work with the State of Colorado and the Colorado Health Care Connections consortium to develop mutually acceptable deployment schedules that meet the telehealth goals of the consortium.

Qwest has been a full-service provider of network products and service to Colorado including: ATM, Private Line, DID, DOD, FX, ISDN, PRI, SONET, E-911, Directory Assistance, just to name a few. Qwest will add Ethernet access for the rural health care community to this mix of services. If offered the opportunity, Qwest's proposed Ethernet network solution would bring together a seasoned account team, knowledgeable of the State's needs, mission and goals, with superior networks that provide services throughout the nation and the world.

Qwest understands that reliability, flexibility, and security are key objectives for the proposed statewide health care network. The Qwest network contains the world's most advanced optical networking

equipment to meet and exceed these objectives. It also brings four primary advantages over its competitors: capacity, speed, integrity and reliability. The evidence of this is the high level of reliability of the existing network.

Telecommunications Infrastructure Deployment Project Management

Qwest is already familiar with, experienced in, and prepared to execute this type of project—on time and within budget—by a project team committed to the long-term business partnership. Qwest's project manager will work closely with the State of Colorado Division of Information Technology organization to successfully manage the project's time, scope and deliverables. The project manager will ensure that the project team completes all installations within agreed upon timeframes and at a minimal disruption to the rural health care community. Qwest's extensive experience in successfully completing complex projects uniquely qualifies it to provide project management services.

Qwest is positioned to perform and certify all aspects of a project including, but not limited to: consulting, staff augmentation, project planning, testing (on site conformance), product procurement, program/project management, network configuration, installation/implementation, maintenance/support, moves, additions and changes, and expansion/enhancements.

Qwest is extremely proud to be one of the few communications companies serving Colorado that retains a team of dedicated resources supporting government, higher education and not-for-profit customers exclusively in Colorado. These resources include: account management, administration/billing, engineering, and operations to support network communications services requirements. Qwest's team of more than 40 people has designed a solution for the health care community that will include the following highlights: outstanding pricing, excellent support, and comprehensive services.

Qwest challenges each department within the company to provide and deliver outstanding pricing and value for the Colorado Health Care Connections consortium through the State's Multi-Use Network and will remain, a long-term strategic business partner of the State of Colorado. The overall pricing will prove to be testimony to its success in bringing a competitive package to the health care communities—a package that would never have been possible without leveraging the statewide Multi-Use Network.

Qwest has a dedicated account team that will support the needs of this project. Qwest also has a long-standing strategic partnership with the State Division of Information Technologies procurement, engineering, and operations groups. And Qwest also has supported State of Colorado end users for decades. The account team is a seasoned and professional team that will continue to provide excellent service and support for the proposed rural health care network. Qwest maintains a 24 x 7 customer support center to monitor the Qwest network and provide the rural health care communities with assistance, in partnership with the Division of Information Technologies at the State of Colorado, for all of its network communications needs.

When the Colorado Health Care Connections consortium evaluates its network communications services suppliers, Qwest/State of Colorado team offers a solution with an outstanding range of capabilities. Most importantly, there is an understanding that to be competitive, it's not good enough to just have great products and prices, but dedicated resources and in-depth expertise needed to stand behind what is sold also is necessary. Qwest/State of Colorado offer a total package: unparalleled network,

reliability, value, outstanding support team and Qwest's guaranteed Spirit of Service. Every element associated with a total solution is ready to be brought together.

Order Entry and Billing

Orders to connect to the Multi-Use Network will be placed with the State Division of Information Technologies where order entry and billing is managed. Upon receipt of a new order, a process will be set in place that validates the eligibility of the applicant and then triggers an order for a new circuit connection to Qwest. The Division of Information Technologies has a SPIN number and will submit Form 467 to the USAC Rural Health program for reimbursement of the subsidized portion of the new connection. The Division will bill the new customer for the unsubsidized, match, portion of the bill.

Schedule

The goal of this application is to provide service to all rural health care facilities (126 facilities) over a two-year period. The first objective is to connect all rural and rural-serving hospitals (50 hospitals) and roughly half of the rural clinics (25 clinics) in Year 1. In Year 2, the objective is to connect the remaining rural clinics (50 clinics). Because the new Ethernet service will ride over existing fiber-optic and switching infrastructure installed as a part of the Multi-Use Network program, nearly universal infrastructure access to all of these health care facilities exists and will be leveraged.

Budget

The proposed budget for this application for funding from the USAC under the Rural Health Care Pilot Program is comprised of the costs presented above in the section on Estimated Total Costs for Each Year that is not part of the applicant match. That table shows total costs the portion to be paid by consortium members as match, and the remaining costs requested in this application (reproduced in the table below).

	Year 1	Year 2			Year 3
	Phase I	Phase I	Phase II	Total	Phase I & II
USAC SUBSIDY					
Form 467--Circuit by Circuit	2,180,682	-	-	2,173,672	1,578,100
Form 467-- Aggregated Internet2/NLR	133,600	-	-	133,600	133,600
TOTAL	2,314,282	-	-	2,307,272	1,711,700

The budget is comprised of two line items, both to be recovered through the standard USAC Rural Health Form 467 procedure. The first line item totals circuit-by-circuit costs. These are variable costs, in that they depend on the number of circuits involved. These costs include both one-time installation costs for the year they occur, and monthly recurring costs. It does not include the metropolitan cost Ethernet. These costs will be associated with the monthly billing sent from the network provider to each participating health care provider. A Form 467 will be filed by the Division of Information Technologies with the USAC for each circuit, for each facility, for each month for these costs. It is requested that a consolidated Form 467 showing the itemized costs for each facility in a given month be allowed.

The second line is for a network-aggregated cost. This cost is a fixed cost. It is a necessary cost to the provision of Internet2 or NLR as the network becomes operational. Therefore, it is requested that this cost be recovered directly by the network provider after the cost has been incurred and documented, through the filing of a Form 467 by the network provider. This cost has two elements, one a fixed an-

nual cost for membership in Ineternet2 or NLR ($80,000), and a monthly recurring cost of connecting Internet2/NLR traffic to the Internet2 or NLR point of presence at the Front Range GigaPoP, estimated to be $53,600 annually ($4,667/mo).

STATEWIDE TELEHEALTH COORDINATION

The mission of the Colorado Health Care Consortium is: 1) to promote the practice of telehealth in Colorado, and 2) to assist rural hospitals and clinics in connecting to the Multi-Use Network. State-wide telehealth coordination will be accomplished through the Colorado Health Care Connections consortium, managed by the Colorado Hospital Association. Specific telehealth coordination activities include:

1. Convene Colorado Health Care Connections. Colorado Health Care Connections will be convened upon notification that it has been selected for the Rural Health Care Pilot Program.

2. Manage the work plan for Colorado Health Care Connections

3. Staff the governance functions. Staff will be hired by Colorado Hospital Association to fulfill the requirements of the work plan.

4. Assess the current network availability, accessibility, and use and current state of telehealth / telemedicine services. The assessment of current availability and use of both telemedicine and network services will be undertaken jointly by Colorado Hospital Association and the Colorado Rural Health Center. This will be done in conjunction with initial education and marketing efforts aimed at eligible health care providers.

5. Educate potential member users and peered members about the pilot program

6. Market the network to eligible providers and non-eligible providers interested in offering telemedicine services to eligible providers

7. Provide coordination among the partnering organizations, members users and peered members

8. Coordinate between the health care community and the telecommunications community to ensure that health care providers receive the network services needed

9. Identify and pair telehealth and telemedicine providers and users

10. Work to identify sources of funding for telemedicine equipment for rural health care providers that need assistance

11. Provide technical support for USAC and FCC requirements to assist the health care users

    Colorado Hospital Association, acting as the agent of the Colorado Health Care Connections consortium will post Form 465 requesting statewide Ethernet services on a single subnet with Internet2/NLR connectivity. The Multi-Use Network has pledged to respond to this request for bid. The planning behind this proposal is based on the assumption that the Multi-Use Network will provide the most satisfactory bid in terms of service and price. If, and only if, this is in fact the case, the Colorado Health Care Connections consortium will post Form 466 indicating their selection of the Division of Information Technologies Multi-Use Network as their telecommunications provider. Thereafter, the Multi-Use Network, which has a current SPIN number, will file Form 467s as each individual health care customer and circuit is added to the network.

12. Develop a viable strategy to fund the telehealth coordination function from the user base.

PLAN FOR SELF-SUSTAINING OPERATIONS

Our plan for sustaining operations beyond the planned two-year period of USAC support is to migrate the new Ethernet service to a one-tier, flat rate statewide tariff. This will occur in concert with the State's rebidding of the base contract for Multi-Use Network telecommunications services. This contract, currently held by Qwest, will be re-competed for award on July 1, 2010. A key step towards this renewal is to structure the network in the remaining three years of the existing contract as closely as possible to the desired state for the 5-year re-competed contract. Thus, it is expected that the infrastructure costs involved in upgrading the existing statewide fiber-based network to carry Ethernet traffic statewide for health care facilities will be completed by 2008, and will be completed statewide for all users, public and private sector alike, by 2010. Therefore, in the post-FCC award phase, health care facilities will be able to sustain their connections to the network by paying the prevalent metropolitan rate for Ethernet services.

However, the FCC's pilot health care project will bear fruit in developing new models for on-going federal support for health care telecommunications services. This will be particularly important when a facility incurs "back-haul" or private line charges necessary to extend the Ethernet network beyond the Qwest Ethernet service area or into other the service area of other telecommunications companies.

The model proposed to the Pilot Health Care Program in this application follows closely to the spirit of the FCC order, namely, the use of a statewide instrumentality to coordinate and aggregate telehealth services both on the user side (hospitals and clinics) and the provider side (statewide networks). The aggregated user sector (e.g., the Colorado Health Care Connections consortium) will request service (Form 465) and select service (Form 466). The network provider will document service delivery facility-by-facility with Form 467s filings.

In order to reach the above plan for self-sustaining operations, the following specific steps are proposed:

1. Establish the discipline for sustainability from the outset of the proposed effort through use of monthly operating revenue from subscribers as project match. In this manner, the subscribers will not feel an operating budget shock when the funds awarded under this effort are discontinued.

2. The Division of Information Technologies will seek in its 2010 renewal RFP a commitment from respondents to establish a one-tier, statewide flat rate intrastate tariff for public sector users of the State's enterprise network, the Multi-Use Network. This will "level the playing field" as far as basic access is concerned for the health care providers that have joined the network.

3. To assure the use of the network—an important element of sustainability is that the network actually be used—the Colorado Health Care Connections consortium will actively assist participants will in obtaining grant funding for end-user health care information technology (HIT). Specifically, the Colorado Rural Health Center has received a formal request for proposal from The Colorado Health Foundation to apply for HIT funding. The Colorado Rural Health Center will submit a proposal for a statewide project for the rural health clinics.

4. Another important aspect of sustainability is the ability to sustain the management and coordination functions provided of the Colorado Health Care Connections consortium, staffed by the Colorado Hospital Association. Two ways have identified to sustain this critical activity beyond the period of the FCC award: (1) spreading the cost among the members of the Colorado Health Care Connections, or (2) bundling the cost into the network operating rate. Other options may become clear as the pilot program progresses. One, or a combination of these ways will provide for continued telemedicine support to all of Colorado's rural hospitals and clinics. A telehealth coordination role objective is to develop a viable sustainability plan for statewide telehealth coordination based on funding from the user community.

YEAR 1 Facilities By Bandwidth by City

ID	Facility	Address	City	Zip	County	RUCA Code	Hospital/ Clinic	Beds	Bandwidth Required (MB)
1	Platte Valley Medical Center	1600 Prairie Center Parkway	Brighton	80601	ADAMS	2.0	1		100
2	POUDRE VALLEY HOSPITAL	1024 S LEMAY AVE	FORT COLLINS	80524	LARIMER	1.0	1	281	100
3	ST MARY'S HOSPITAL & MEDICAL CENTER	2635 N 7TH STREET	GRAND JUNCTION	81502	MESA	1.0	1	346	100
4	NORTH COLORADO MEDICAL CENTER	1801 16TH STREET	GREELEY	80634	WELD	1.0	1	378	100
5	MCKEE MEDICAL CENTER	2000 BOISE AVE	LOVELAND	80538	LARIMER	1.0	1	115	100
6	Medical Center of the Rockies	2500 Rocky Mountain Ave.	Loveland	80538	LARIMER	1.0	1		100
7	PARKVIEW MEDICAL CENTER, INC.	400 W 16TH STREET	PUEBLO	81003	PUEBLO	1.0	1	265	100
8	CENTURA HEALTH-ST MARY CORWIN MED	1008 MINNEQUA AVE	PUEBLO	81004	PUEBLO	1.0	1	385	100
9	SAN LUIS VALLEY REGIONAL MEDICAL CE	106 BLANCA AVE	ALAMOSA	81101	ALAMOSA	7.0	1	59	40
10	ASPEN VALLEY HOSPITAL	0401 CASTLE CREEK ROAD	ASPEN	81611	PITKIN	7.0	1	25	40
11	EAST MORGAN COUNTY HOSPITAL	2400 W EDISON ST	BRUSH	80723	MORGAN	7.2	1	25	40
12	CENTURA HEALTH-ST THOMAS MORE HO	1338 PHAY AVE	CANON CITY	81212	FREMONT	4.0	1	55	40
13	SOUTHWEST MEMORIAL HOSPITAL	1311 N MILDRED RD	CORTEZ	81321	MONTEZUMA	7.0	1	61	40
14	MEMORIAL HOSPITAL, THE	785 RUSSELL ST	CRAIG	81625	MOFFAT	7.0	1	25	40
15	RIO GRANDE HOSPITAL	0310 COUNTY RD 14	DEL NORTE	81132	RIO GRANDE	10.6	1	17	40
16	DELTA COUNTY MEMORIAL HOSPITAL	1501 E 3RD STREET	DELTA	81416	DELTA	7.4	1	49	40
17	MERCY REGIONAL MEDICAL CENTER	375 E PARK AVE	DURANGO	81301	LA PLATA	4.0	1	83	40
18	ESTES PARK MEDICAL CENTER	555 PROSPECT	ESTES PARK	80517	LARIMER	7.3	1	16	40
19	ST ANTHONY SUMMIT MEDICAL CENTER	340 PEAK ONE DRIVE	FRISCO	80443	SUMMIT	4.0	1	25	40
20	FAMILY HEALTH WEST HOSPITAL	228 N CHERRY ST PO BOX	FRUITA	81521	MESA	2.0	1	6	40
21	VALLEY VIEW HOSPITAL ASSOCIATION	1906 BLAKE AVE	GLENWOOD SPRIN	81601	GARFIELD	7.0	1	80	40
22	COMMUNITY HOSPITAL	2021 N 12TH ST	GRAND JUNCTION	81501	MESA	1.0	1	78	40
23	WEST SLOPE MENTAL HEALTH STABILIZA	515 28 3/4 ROAD	GRAND JUNCTION	81501	MESA	1.0	1	46	40
24	GUNNISON VALLEY HOSPITAL	711 N TAYLOR STREET	GUNNISON	81230	GUNNISON	7.0	1	24	40
25	SEDGWICK COUNTY MEMORIAL HOSPITA	900 CEDAR STREET	JULESBURG	80737	SEDGWICK	10.0	1	25	40
26	KREMMLING MEMORIAL HOSPITAL DISTRI	214 S 4TH STREET	KREMMLING	80459	GRAND	10.5	1	25	40
27	ST VINCENT GENERAL HOSPITAL DISTRIC	822 W 4TH STREET	LEADVILLE	80461	LAKE	7.4	1	25	40
28	PIONEERS MEDICAL CENTER	345 CLEVELAND	MEEKER	81641	RIO BLANCO	10.0	1	15	40
29	MONTROSE MEMORIAL HOSPITAL	800 S 3RD ST	MONTROSE	81401	MONTROSE	4.0	1	75	40
30	PARKER ADVENTIST HOSPITAL	9395 CROWN CREST BLVD	PARKER	80138	DOUGLAS	1.0	1	94	40
31	GRAND RIVER MEDICAL CENTER	501 AIRPORT ROAD	RIFLE	81650	GARFIELD	7.0	1	25	40
32	HEART OF THE ROCKIES REGIONAL MEDI	448 E FIRST ST	SALIDA	81201	CHAFFEE	7.0	1	25	40
33	YAMPA VALLEY MEDICAL CENTER	1024 CENTRAL PARK DR	STEAMBOAT SPRI	80487	ROUTT	8.0	1	29	40
34	STERLING REGIONAL MEDCENTER	615 FAIRHURST ST	STERLING	80751	LOGAN	4.0	1	36	40
35	MT SAN RAFAEL HOSPITAL	410 BENEDICTA AVENUE	TRINIDAD	81082	LAS ANIMAS	7.0	1	25	40
36	VAIL VALLEY MEDICAL CENTER	181 W MEADOW DRIVE	VAIL	81657	EAGLE	4.0	1	58	40
37	SPANISH PEAKS REGIONAL HEALTH CENT	23500 US HWY 160	WALSENBURG	81089	HUERFANO	7.0	1	25	40
38	KIT CARSON COUNTY MEMORIAL HOSPIT	286 16TH STREET	BURLINGTON	80807	KIT CARSON	7.0	1	25	7.5
39	KEEFE MEMORIAL HOSPITAL	602 N 6TH W ST PO BOX 57	CHEYENNE WELLS	80810	CHEYENNE	10.0	1	32	7.5
40	WEISBROD MEMORIAL COUNTY HOSPITA	1208 LUTHER STREET	EADS	81036	KIOWA	10.0	1	8	7.5
41	HAXTUN HOSPITAL DISTRICT	235 W FLETCHER STREET	HAXTUN	80731	PHILLIPS	10.0	1	25	7.5
42	MELISSA MEMORIAL HOSPITAL	505 S BAXTER ST	HOLYOKE	80734	PHILLIPS	10.0	1	16	7.5
43	LINCOLN COMMUNITY HOSPITAL	111 6TH ST	HUGO	80821	LINCOLN	10.0	1	15	7.5
44	CONEJOS COUNTY HOSPITAL CORPORAT	19021 US HWY 285	LA JARA	81140	CONEJOS	10.3	1	17	7.5
45	ARKANSAS VALLEY REGIONAL MEDICAL C	1100 CARSON AVENUE	LA JUNTA	81050	OTERO	7.0	1	78	7.5
46	PROWERS MEDICAL CENTER	401 KENDALL DRIVE	LAMAR	81052	PROWERS	7.0	1	25	7.5
47	RANGELY DISTRICT HOSPITAL	511 S WHITE AVE	RANGELY	81648	RIO BLANCO	10.0	1	25	7.5
48	SOUTHEAST COLORADO HOSPITAL	373 E TENTH AVE	SPRINGFIELD	81073	BACA	10.0	1	23	7.5
49	WRAY COMMUNITY DISTRICT HOSPITAL	1017 W 7TH ST	WRAY	80758	YUMA	10.0	1	15	7.5
50	YUMA DISTRICT HOSPITAL	910 S MAIN ST	YUMA	80759	YUMA	7.0	1	22	7.5
51	Washington County Clinic	482 Adams	Akron	80720	WASHINGTO	10.0	0		4.5
52	United Medical Center of Berthoud	1950 Mountain View Avenue	Berthoud	80501	LARIMER	1.0	0		4.5
53	Buena Vista Family Practice Clinic	P.O. Box 1527	Buena Vista	81211	CHAFFEE	7.0	0		4.5
54	Parke Health Clinic	182 16th Street	Burlington	80807	KIT CARSON	7.0	0		4.5
55	Kit Carson Clinic	P.O. Box 578	Cheyenne Wells	80810	CHEYENNE	10.0	0		4.5
56	Prairie View Clinic	P.O. Box 578	Cheyenne Wells	80810	CHEYENNE	10.0	0		4.5
57	Creede Family Practice of Rio Grande Hospita	802 Rio Grande Avenue	Creede	81130	MINERAL	10.0	0		4.5
58	Rio Grande Hospital Clinic	1280 Grand Avenue	Del Norte	81132	RIO GRANDE	10.6	0		4.5
59	Eads Medical Clinic	P.O. Box 7	Eads	81036	KIOWA	10.0	0		4.5
60	Fleming Family Health Center	235 West Fletcher	Haxtun	80728	PHILLIPS	10.2	0		4.5
61	Family Practice of Holyoke	520 South Interocean	Holyoke	80734	PHILLIPS	10.0	0		4.5
62	Conejos Medical Clinic	P.O. Box 639	La Jara	81140	CONEJOS	10.3	0		4.5
63	Bent County Nursing Service Women's Health	701 Park Avenue	Las Animas	81054	BENT	7.0	0		4.5
64	Meeker Family Health Center	345 Cleveland	Meeker	81641	RIO BLANCO	10.0	0		4.5
65	Basin Clinic, Inc.	P.O. Box 340	Naturita	81422	SAN MIGUEL	10.0	0		4.5
66	Olathe Medical Center	P.O. Box 529	Olathe	81425	MONTROSE	5.0	0		4.5
67	Battlement Mesa Medical Center	73 Sipprelle Drive, Suite K	Parachute	81635	GARFIELD	7.0	0		4.5
68	Grand River Primary Care	P.O. Box 912	Rifle	81650	GARFIELD	7.0	0		4.5
69	Southeast Colorado Physicians Clinic	210 East Tenth Avenue	Springfield	81073	BACA	10.0	0		4.5
70	Stratton Medical Clinic	500 Nebraska Avenue	Stratton	80836	KIT CARSON	10.6	0		4.5
71	Telluride Medical Center DBA Telluride Hospi	P.O. Box 1229	Telluride	81435	SAN MIGUEL	10.0	0		4.5

	Facility	Address	City	Zip	County	RUCA Code	Hospital/Clinic	Beds	Bandwidth Required (MB)
72	Mt. San Rafael Health Center	400 Benedicta Avenue, Suite	Trinidad	81082	LAS ANIMAS	7.0	0		4.5
73	North Park Medical Clinic, Inc.	P.O. Box 686	Walden	80480	JACKSON	10.0	0		4.5
74	Wet Mountain Valley Community Clinic	P.O. Box 120	Westcliffe	81252	CUSTER	10.0	0		4.5
75	Wiley Medical Clinic	302 Main Street	Wiley	81092	PROWERS	8.0	0		4.5
76	Yuma Rural Health Clinic	910 South Main Street	Yuma	80759	YUMA	7.0	0		4.5

YEAR 2 Additional Facilities By Bandwidth by City

	Facility	Address	City	Zip	County	RUCA Code	Hospital/Clinic	Beds	Bandwidth Required (MB)
77	DOC CLINICAL SERVICES INFIRMARY	HIGHWAY 50 WEST	CANON CITY	81212	FREMONT	4.0	0	32	40
78	CUSTER COUNTY MEDICAL CLINIC	704 EDWARDS	WESTCLIFFE	81252	CUSTER	10.0	0	2	7.5
79	ALAMOSA FAMILY MEDICAL CENTER	1710 1ST STREET	ALAMOSA	81101	ALAMOSA	7.0	0		4.5
80	SIERRA BLANCA MEDICAL CENTER	201 CARSON AVENUE	ALAMOSA	81101	ALAMOSA	7.0	0		4.5
81	GUADALUPE HEALTH CENTER	10TH & DAHLIA STREET	ANTONITO	81120	CONEJOS	10.6	0		4.5
82	AVON MEDICAL CENTER	220 CHAPEL PLACE	AVON	81620	EAGLE	4.0	0		4.5
83	PUEBLO COMMUNITY HEALTH CENTER, IN	328 AVONDALE BLVD	AVONDALE	81022	PUEBLO	2.0	0		4.5
84	PLATTE CANYON CLINIC	DEER CREEK CORNERS 46	BAILEY	80421	PARK	2.0	0		4.5
85	BRIGHTON WOMEN'S CLINIC	30 S 20TH AVE, SUITE B	BRIGHTON	80601	ADAMS	2.0	0		4.5
86	SALUD FAMILY HEALTH CENTER-NEW HO	30 SOUTH 20TH AVENUE	BRIGHTON	80601	ADAMS	2.0	0		4.5
87	COLORADO STATE PENITENTIARY	HIGHWAY 50 EAST & EVAN	CANON CITY	81212	FREMONT	4.0	0		4.5
88	FREMONT FAMILY MEDICAL CENTER	602 YALE PLACE	CANON CITY	81212	FREMONT	4.0	0		4.5
89	CESAR E CHAVEZ FAMILY MEDICAL CENT	186 N HURT STREET	CENTER	81125	SAGUACHE	10.0	0		4.5
90	MOUNTAIN FAMILY HEALTH CENTER (CEN	562 GREGORY STREET	CENTRAL CITY	80427	GILPIN	10.1	0		4.5
91	ST ANTHONY COPPER MOUNTAIN CLINIC	860 COPPER RD	COPPER MOUNTA	80443	SUMMIT	4.0	0		4.5
92	SOUTHERN TELLER COUNTY HEALTH CLI	166 EAST BENNETT AVE	CRIPPLE CREEK	80813	TELLER	10.0	0		4.5
93	PEAK VISTA COMMUNITY HEALTH CENTE	11115 W HIGHWAY 24 #2-C	DIVIDE	80814	TELLER	2.0	0		4.5
94	COMMUNITY HEALTH CLINIC	495 W 4TH STREET	DOVE CREEK	81324	DOLORES	10.6	0		4.5
95	DURANGO PRIMARY CARE	375 E PARK AVENUE, SUIT	DURANGO	81301	LA PLATA	4.0	0		4.5
96	SOUTHWEST CHILDREN'S HEALTH CLINIC	1810 E 3RD AVE, SUITE 101	DURANGO	81301	LA PLATA	4.0	0		4.5
97	EAGLECARE MEDICAL CLINIC	320 BEARD CREEK RD	EDWARDS	81632	EAGLE	4.0	0		4.5
98	SALUD FAMILY HEALTH CENTER-ESTES P	600 SOUTH ST VRAIN AVE	ESTES PARK	80517	LARIMER	7.3	0		4.5
99	FLEMING FAMILY HEALTH CENTER	104 W LARIMER	FLEMING	80728	LOGAN	10.2	0		4.5
100	SALUD FAMILY HEALTH CENTER-FT LUPT	1115 SECOND STREET	FORT LUPTON	80621	WELD	2.0	0		4.5
101	SALUD FAMILY HEALTH CENTER-FT MOR	909 E RAILROAD AVENUE	FORT MORGAN	80701	MORGAN	4.0	0		4.5
102	SALUD FAMILY HEALTH CENTER-FREDER	5995 IRIS PARKWAY	FREDERICK	80530	WELD	3.0	0		4.5
103	LA CLINICA, INC.	HIGHWAY 69	GARDNER	81040	HUERFANO	10.3	0		4.5
104	MOUNTAIN FAMILY HEALTH CENTER	1905 BLAKE AVENUE # 101	GLENWOOD SPRIN	81601	GARFIELD	7.0	0		4.5
105	CENTURA HEALTH-GRANBY MEDICAL CEN	480 E AGATE AVE	GRANBY	80446	GRAND	10.0	0		4.5
106	MARILLAC CLINIC INC.	2333 N 6TH STREET	GRAND JUNCTION	81501	MESA	1.0	0		4.5
107	MONFORT CHILDREN'S CLINIC	100 N 11TH AVE	GREELEY	80631	WELD	1.0	0		4.5
108	KEYSTONE MEDICAL CENTER	1252 COUNTY RD 8	KEYSTONE	80435	SUMMIT	4.0	0		4.5
109	LA JUNTA CLINIC	1100 CARSON AVE #201	LA JUNTA	81050	OTERO	7.0	0		4.5
110	HIGH PLAINS COMMUNITY HEALTH CENTE	201 KENDALL DRIVE	LAMAR	81052	PROWERS	7.0	0		4.5
111	LAS ANIMAS CLINIC	245 VINE AVENUE	LAS ANIMAS	81054	BENT	7.0	0		4.5
112	MANCOS VALLEY HEALTH CENTER	111 E RAILROAD AVENUE	MANCOS	81328	MONTEZUMA	10.6	0		4.5
113	MOFFAT FAMILY HEALTH CENTER	545 MOFFAT WAY-PO 446	MOFFAT	81143	SAGUACHE	10.0	0		4.5
114	RIO GRANDE MEDICAL CENTER	95A W FIRST AVE	MONTE VISTA	81144	RIO GRANDE	7.0	0		4.5
115	CRESTED BUTTE MEDICAL CENTER-AXTE	12 SNOWMASS RD	MOUNT CRESTED	81225	GUNNISON	10.0	0		4.5
116	BASIN CLINIC (NATURITA)	421 ADAMS ROAD	NATURITA	81422	MONTROSE	10.0	0		4.5
117	MOUNTAIN FAMILY HEALTH CENTER (NED	20 E LAKEVIEW DR	NEDERLAND	80466	BOULDER	2.1	0		4.5
118	UNCOMPAHGRE MEDICAL CENTER	1350 S ASPEN STREET	NORWOOD	81423	SAN MIGUEL	10.0	0		4.5
119	OLATHE MEDICAL CLINIC	308 MAIN ST, SUITE 205	OLATHE	81425	MONTROSE	5.0	0		4.5
120	DR MARY FISHER MEDICAL CENTER	95 S PAGOSA BLVD	PAGOSA SPRINGS	81147	ARCHULETA	10.0	0		4.5
121	ROCKY FORD CLINIC	903 S 12TH	ROCKY FORD	81067	OTERO	7.0	0		4.5
122	SAN LUIS HEALTH CENTER	NORTH HWY 159	SAN LUIS	81152	COSTILLA	10.0	0		4.5
123	SALUD FAMILY HEALTH CENTER-STERLIN	1410 S SEVENTH AVENUE	STERLING	80751	LOGAN	4.0	0		4.5
124	TELLURIDE MEDICAL CENTER	500 W PACIFIC	TELLURIDE	81435	SAN MIGUEL	10.0	0		4.5
125	LAS ANIMAS-HUERFANO COUNTIES DISTR	412 BENEDICTA AVE	TRINIDAD	81082	LAS ANIMAS	7.0	0		4.5
126	7 MILE MEDICAL CLINIC	145 PARSENN ROAD	WINTER PARK	80482	GRAND	10.0	0		4.5

Year 1

ID	Carrier	Monthly Qwest Backhaul Mileage	Monthly Qwest Discounted ATM Rates	Monthly ILEC Backhaul Mileage	Monthly Qwest Backhaul Mileage	Qwest Installation Charge (One Time)	Qwest Ethernet Router Cost (One Time)	QMOE Install Rate (One Time)	Monthly MNT Rate $9/MB
1	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
2	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
3	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
4	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
5	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
6	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
7	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
8	Qwest	$0.00	$2,573.14	$0.00	$0.00	$2,360.00	$16,959.00	$1,200.00	$900.00
9	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
10	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
11	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
12	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
13	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
14	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
15	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
16	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
17	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
18	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
19	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
20	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
21	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
22	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
23	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
24	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
25	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
26	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
27	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
28	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
29	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
30	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
31	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
32	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
33	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
34	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
35	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
36	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
37	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
38	Centurytel	$945.30	$1,700.23	$591.43	$591.43	$1,660.00	$10,838.00	$600.00	$67.50
39	Centurytel	$966.25	$1,700.23	$605.71	$605.71	$1,660.00	$10,838.00	$600.00	$67.50
40	Eastern Slo	$692.70	$1,700.23	$371.45	$371.45	$1,660.00	$10,838.00	$600.00	$67.50
41	Haxtun	$2,167.97	$1,700.23	$1,119.62	$1,119.62	$1,660.00	$10,838.00	$600.00	$67.50
42	Phillips Cou	$1,472.25	$1,700.23	$764.27	$764.27	$1,660.00	$10,838.00	$600.00	$67.50
43	Eastern Slo	$969.80	$1,700.23	$371.45	$371.45	$1,660.00	$10,838.00	$600.00	$67.50
44	Centurytel	$1,020.50	$1,700.23	$542.30	$542.30	$1,660.00	$10,838.00	$600.00	$67.50
45	Centurytel	$915.70	$1,700.23	$508.30	$508.30	$1,660.00	$10,838.00	$600.00	$67.50
46	Centurytel	$810.15	$1,700.23	$514.25	$514.25	$1,660.00	$10,838.00	$600.00	$67.50
47	Centurytel	$2,564.00	$1,700.23	$1,423.24	$1,423.24	$1,660.00	$10,838.00	$600.00	$67.50
48	Centurytel	$3,748.75	$1,700.23	$2,395.47	$2,395.47	$1,660.00	$10,838.00	$600.00	$67.50
49	Centurytel	$3,039.07	$1,700.23	$544.00	$544.00	$1,660.00	$10,838.00	$600.00	$67.50
50	Centurytel	$1,849.65	$1,700.23	$1,868.13	$1,868.13	$1,660.00	$10,838.00	$600.00	$67.50
51	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
52	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
53	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
54	Centurytel	$567.18	$957.60	$289.17	$289.17	$1,660.00	$9,602.00	$600.00	$40.50
55	Centurytel	$579.75	$957.60	$354.85	$354.85	$1,660.00	$9,602.00	$600.00	$40.50
56	Centurytel	$579.75	$957.60	$258.06	$258.06	$1,660.00	$9,602.00	$600.00	$40.50
57	Centurytel	$1,418.79	$957.60	$363.42	$363.42	$1,660.00	$9,602.00	$600.00	$40.50
58	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
59	Eastern Slo	$415.62	$957.60	$222.87	$222.87	$1,660.00	$9,602.00	$600.00	$40.50
60	Haxtun	$1,300.78	$957.60	$671.77	$671.77	$1,660.00	$9,602.00	$600.00	$40.50
61	Phillips Cou	$883.38	$957.60	$442.17	$442.17	$1,660.00	$9,602.00	$600.00	$40.50
62	Centurytel	$612.30	$957.60	$363.42	$363.42	$1,660.00	$9,602.00	$600.00	$40.50
63	Centurytel	$513.27	$957.60	$758.57	$758.57	$1,660.00	$9,602.00	$600.00	$40.50
64	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
65	Nucla-Natu	$1,408.56	$957.60	$767.29	$767.29	$1,660.00	$9,602.00	$600.00	$40.50
66	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
67	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
68	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
69	Centurytel	$2,249.28	$957.60	$849.15	$849.15	$1,660.00	$9,602.00	$600.00	$40.50
70	Centurytel	$615.96	$957.60	$53.75	$53.75	$1,660.00	$9,602.00	$600.00	$40.50
71	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50

	Carrier	Monthly Qwest Backhaul Mileage	Monthly Qwest Discounted ATM Rates	Monthly ILEC Backhaul Mileage	Monthly Qwest Backhaul Mileage	Qwest Installation Charge (One Time)	Qwest Ethernet Router Cost (One Time)	QMOE Install Rate (One Time)	Monthly MNT Rate $9/MB
72	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
73	Centurytel	$719.97	$957.60	$474.30	$474.30	$1,660.00	$9,602.00	$600.00	$40.50
74	Centurytel	$574.56	$957.60	$325.38	$325.38	$1,660.00	$9,602.00	$600.00	$40.50
75	Centurytel	$505.00	$957.60	$304.98	$304.98	$1,660.00	$9,602.00	$600.00	$40.50
76	Centurytel	$1,109.79	$957.60	$308.55	$308.55	$1,660.00	$9,602.00	$600.00	$40.50
	TOTALS Y	$35,216.03	$107,225.07	$18,427.32	$18,427.32	$131,760.00	$840,520.00	$50,400.00	$19,570.50

Year 2

	Carrier	Monthly Qwest Backhaul Mileage	Monthly Qwest Discounted ATM Rates	Monthly ILEC Backhaul Mileage	Monthly Qwest Backhaul Mileage	Qwest Installation Charge (One Time)	Qwest Ethernet Router Cost (One Time)	QMOE Install Rate (One Time)	Monthly MNT Rate $9/MB
77	Qwest	$0.00	$1,366.88	$0.00	$0.00	$1,660.00	$10,838.00	$600.00	$360.00
78	Centurytel	$957.60	$1,700.23	$1,015.41	$1,015.41	$1,660.00	$10,838.00	$600.00	$67.50
79	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
80	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
81	Centurytel	$554.34	$957.60	$315.94	$315.94	$1,660.00	$9,602.00	$600.00	$40.50
82	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
83	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
84	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
85	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
86	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
87	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
88	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
89	Centurytel	$485.61	$957.60	$315.94	$315.94	$1,660.00	$9,602.00	$600.00	$40.50
90	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
91	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
92	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
93	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
94	Centurytel	$1,588.41	$957.60	$826.20	$826.20	$1,660.00	$9,602.00	$600.00	$40.50
95	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
96	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
97	Centurytel	$92.94	$957.60	$747.20	$747.20	$1,660.00	$9,602.00	$600.00	$40.50
98	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
99	Haxtun	$772.56	$957.60	$426.87	$426.87	$1,660.00	$9,602.00	$600.00	$40.50
100	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
101	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
102	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
103	Centurytel	$839.01	$957.60	$316.25	$316.25	$1,660.00	$9,602.00	$600.00	$40.50
104	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
105	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
106	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
107	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
108	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
109	Centurytel	$549.42	$957.60	$872.27	$872.27	$1,660.00	$9,602.00	$600.00	$40.50
110	Centurytel	$486.09	$957.60	$1,437.28	$1,437.28	$1,660.00	$9,602.00	$600.00	$40.50
111	Centurytel	$513.27	$957.60	$376.94	$376.94	$1,660.00	$9,602.00	$600.00	$40.50
112	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
113	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
114	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
115	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
116	Nucla-Natu	$1,408.56	$957.60	$767.29	$767.29	$1,660.00	$9,602.00	$600.00	$40.50
117	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
118	Centurytel	$1,569.54	$957.60	$384.94	$384.94	$1,660.00	$9,602.00	$600.00	$40.50
119	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
120	Centurytel	$1,346.10	$957.60	$326.40	$326.40	$1,660.00	$9,602.00	$600.00	$40.50
121	Centurytel	$585.24	$957.60	$319.20	$319.20	$1,660.00	$9,602.00	$600.00	$40.50
122	Centurytel	$1,637.37	$957.60	$609.24	$609.24	$1,660.00	$9,602.00	$600.00	$40.50
123	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
124	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
125	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
126	Qwest	$0.00	$957.60	$0.00	$0.00	$1,660.00	$9,602.00	$600.00	$40.50
	TOTALS Y	$13,386.06	$49,031.91	$9,057.37	$9,057.37	$83,000.00	$482,572.00	$30,000.00	$2,371.50

Year 1

ID	Total Year 1 Costs	Monthly Health Care Rate	Annual Health Care Rate	Annual USAC Subsidy Year 1	Annual USAC Subsidy Years 2 & 3	Telephone	Fax
1	$62,196.65	$1,275.00	$15,300.00	$46,896.65	$27,577.65	(303) 659-1531	(303) 659-1357
2	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(970)495-7000	(970)495-7663
3	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(970)244-2273	(970)244-6131
4	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(970)352-4121	(970)350-6644
5	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(970)669-4640	(970)635-4066
6	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(970)624-1200	(970)624-1290
7	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(719)584-4000	(719)584-4739
8	$60,996.65	$1,275.00	$15,300.00	$45,696.65	$26,377.65	(719)560-4000	(719)560-5823
9	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)589-2511	(719)587-1372
10	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)544-1261	(970)544-1585
11	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)842-6200	(970)842-3572
12	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)285-2540	(719)285-2256
13	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)565-6666	(970)564-2149
14	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)824-9411	(970)824-2235
15	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)657-2510	(719)657-4106
16	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)874-7681	(970)874-2227
17	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)382-1270	(970)382-1082
18	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)577-4471	(970)586-9514
19	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)668-3300	(970)668-6991
20	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)858-9871	(970)858-7911
21	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)945-6535	(970)384-4235
22	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)256-6201	(970)256-6510
23	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)263-4918	(970)263-9535
24	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)641-1456	(970)641-7233
25	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)474-3323	(970)474-2758
26	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)724-3442	(970)724-9606
27	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)486-0230	(719)486-1077
28	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)878-5047	(970)878-3285
29	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)249-2211	(970)252-2525
30	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(303)269-4015	(303)269-4019
31	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)625-1510	(970)625-6486
32	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)530-8226	(719)530-8224
33	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)879-1322	(970)870-1223
34	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)521-3100	(970)522-8532
35	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)846-9213	(719)846-2752
36	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(970)476-2451	(970)479-7297
37	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)738-5000	(719)738-5138
38	$47,905.08	$935.00	$11,220.00	$36,685.08	$24,187.08	(719)346-5311	(719)346-4603
39	$48,247.80	$935.00	$11,220.00	$37,027.80	$24,529.80	(719)767-5661	(719)767-8042
40	$42,625.56	$935.00	$11,220.00	$31,405.56	$18,907.56	(719)438-5401	(719)438-5391
41	$60,581.64	$935.00	$11,220.00	$49,361.64	$36,863.64	(970)774-6123	(970)774-6158
42	$52,053.24	$935.00	$11,220.00	$40,833.24	$28,335.24	(970)854-2241	(970)854-3821
43	$42,625.56	$935.00	$11,220.00	$31,405.56	$18,907.56	(719)743-2421	(719)743-2880
44	$46,725.96	$935.00	$11,220.00	$35,505.96	$23,007.96	(719)274-5121	(719)274-6003
45	$45,909.96	$935.00	$11,220.00	$34,689.96	$22,191.96	(719)383-6000	(719)383-6005
46	$46,052.76	$935.00	$11,220.00	$34,832.76	$22,334.76	(719)336-4343	(719)336-7207
47	$67,868.52	$935.00	$11,220.00	$56,648.52	$44,150.52	(970)675-5011	(970)675-5224
48	$91,202.04	$935.00	$11,220.00	$79,982.04	$67,484.04	(719)523-4501	(719)523-9972
49	$46,766.76	$935.00	$11,220.00	$35,546.76	$23,048.76	(970)332-4811	(970)332-4017
50	$78,545.88	$935.00	$11,220.00	$67,325.88	$54,827.88	(970)848-5405	(970)848-4780
51	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	970-345-2262	970-345-2265
52	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	970-532-4644	970-532-0608
53	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	719-395-9048	719-395-9064
54	$30,179.28	$680.00	$8,160.00	$22,019.28	$10,757.28	719-346-9481	719-346-9485
55	$31,755.60	$680.00	$8,160.00	$23,595.60	$12,333.60	719-962-3501	719-962-3503
56	$29,432.64	$680.00	$8,160.00	$21,272.64	$10,010.64	719-767-5669	719-767-8042
57	$31,961.28	$680.00	$8,160.00	$23,801.28	$12,539.28	719-658-0929	719-658-3001
58	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	719-657-2418	719-657-3317
59	$28,588.08	$680.00	$8,160.00	$20,428.08	$9,166.08	719-438-2251	719-438-2254
60	$39,361.68	$680.00	$8,160.00	$31,201.68	$19,939.68	970-265-2595	970-265-2596
61	$33,851.28	$680.00	$8,160.00	$25,691.28	$14,429.28	970-854-2500	970-854-3821
62	$31,961.28	$680.00	$8,160.00	$23,801.28	$12,539.28	719-274-6000	719-274-6038
63	$41,444.88	$680.00	$8,160.00	$33,284.88	$22,022.88	719-456-0517	719-456-0518
64	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	970-878-4014	970-878-3285
65	$41,654.16	$680.00	$8,160.00	$33,494.16	$22,232.16	970-865-2665	970-865-2674
66	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	970-323-6141	970-323-6117
67	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	970-285-7046	970-285-6064
68	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	970-625-1100	970-625-0725
69	$43,618.80	$680.00	$8,160.00	$35,458.80	$24,196.80	719-523-6628	719-523-4513
70	$24,529.20	$680.00	$8,160.00	$16,369.20	$5,107.20	719-348-4650	719-348-4653
71	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970) 728-3848	(970) 728-3404

	Total Year 1 Costs	Monthly Health Care Rate	Annual Health Care Rate	Annual USAC Subsidy Year 1	Annual USAC Subsidy Years 2 & 3	Telephone	Fax
72	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	719-846-2206	719-846-7823
73	$34,622.40	$680.00	$8,160.00	$26,462.40	$15,200.40	970-723-4255	970-723-4268
74	$31,048.32	$680.00	$8,160.00	$22,888.32	$11,626.32	719-783-2380	719-783-2377
75	$30,558.72	$680.00	$8,160.00	$22,398.72	$11,136.72	719-829-4627	719-829-4269
76	$30,644.40	$680.00	$8,160.00	$22,484.40	$11,222.40	970-848-3896	970-848-0809
	$2,937,282.46	**$67,150.00**	**$805,800.00**	**$2,131,482.46**	**$1,159,202.46**		

Year 2

	Total Year 1 Costs	Monthly Health Care Rate	Annual Health Care Rate	Annual USAC Subsidy Year 1	Annual USAC Subsidy Years 2 & 3	Telephone	Fax
77	$33,220.50	$935.00	$11,220.00	$22,000.50	$9,502.50	(719)269-4250	(719)269-4075
78	$58,080.60	$935.00	$11,220.00	$46,860.60	$34,362.60	(719)783-2380	(719)783-2377
79	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)589-3658	(719)587-9514
80	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)589-3658	(719)587-9514
81	$30,821.76	$680.00	$8,160.00	$22,661.76	$11,399.76	(719)376-5426	(719)376-5880
82	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)569-7700	(970)569-7704
83	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)543-8718	(719)543-5340
84	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)761-1977	(303)761-2787
85	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)892-6401	(303)892-1511
86	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)655-9891	(303)892-0004
87	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)269-5180	(719)269-5192
88	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)275-2301	(719)275-7048
89	$30,821.76	$680.00	$8,160.00	$22,661.76	$11,399.76	(719)754-2778	(719)754-2166
90	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)582-5276	(303)582-3929
91	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)968-2330	(970)968-6681
92	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)689-3584	(719)689-5711
93	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)687-4460	(719)687-4465
94	$43,068.00	$680.00	$8,160.00	$34,908.00	$23,646.00	(970)677-2291	(970)677-2540
95	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)247-2611	(970)259-5664
96	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)247-4567	(970)382-1051
97	$41,172.00	$680.00	$8,160.00	$33,012.00	$21,750.00	(970)569-7520	(970)569-7522
98	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)586-9230	(970)892-1511
99	$33,484.08	$680.00	$8,160.00	$25,324.08	$14,062.08	(970)265-2595	(970)265-2596
100	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)892-6401	(303)892-1511
101	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)867-0300	(303)530-2071
102	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)833-2050	(303)892-1511
103	$30,829.20	$680.00	$8,160.00	$22,669.20	$11,407.20	(719)746-2244	
104	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)945-2840	(970)945-2893
105	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)825-4567	(970)887-9305
106	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)255-1782	(970)255-1711
107	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)352-8898	(970)351-7075
108	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)468-6677	(970)468-7908
109	$44,173.68	$680.00	$8,160.00	$36,013.68	$24,751.68	(719)383-5900	(719)383-6533
110	$57,733.92	$680.00	$8,160.00	$49,573.92	$38,311.92	(719)336-0261	(719)336-0265
111	$32,285.76	$680.00	$8,160.00	$24,125.76	$12,863.76	(719)456-2653	(719)456-0105
112	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)533-9125	(970)533-7310
113	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)256-4025	(719)256-4027
114	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)852-2512	(719)852-3923
115	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)349-0321	(970)349-0328
116	$41,654.16	$680.00	$8,160.00	$33,494.16	$22,232.16	(970)865-2665	(970)865-2674
117	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)258-3206	(303)258-7302
118	$32,477.76	$680.00	$8,160.00	$24,317.76	$13,055.76	(970)327-4233	(970)327-4228
119	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)323-6141	(970)323-6117
120	$31,072.80	$680.00	$8,160.00	$22,912.80	$11,650.80	(970)731-3700	(970)731-3707
121	$30,900.00	$680.00	$8,160.00	$22,740.00	$11,478.00	(719)254-7623	(719)254-5112
122	$37,860.96	$680.00	$8,160.00	$29,700.96	$18,438.96	(719)672-3352	(719)672-3638
123	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)892-6401	
124	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(970)728-3848	(970)728-3404
125	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(719)846-2213	(719)846-4472
126	$23,239.20	$680.00	$8,160.00	$15,079.20	$3,817.20	(303)629-4469	(970)887-7471
	$1,399,789.74	**$34,510.00**	**$414,120.00**	**$985,669.74**	**$420,097.74**		

Year 1

ID	Administrator/Contact	Facility Type	Ownership
1	John Hicks	Hospital - General	Private non-profit 501(c)3
2	Mr KEVIN UNGER	Hospital - General	VOL. NON PROFIT-OTHER
3	MR ROBERT LADENBURGER	Hospital - General	VOL. NON-PROFIT CHURCH
4	Mr GENE O'HARA	Hospital - General	VOL. NON PROFIT-OTHER
5	Mr RICK SUTTON	Hospital - General	VOL. NON PROFIT - PRIVATE
6	George Hayes	Hospital - General	Vol Non Profit - Private
7	MR C W SMITH	Hospital - General	VOL. NON PROFIT - PRIVATE
8	MR THOMAS ANDERSON	Hospital - General	VOL. NON PROFIT - PRIVATE
9	Mr RUSSELL JOHNSON	Hospital - General	
10	Mr DAVID RESSLER	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
11	Mr LARRY LEAMING	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
12	MR RAY HONAKER	Hospital - General	VOL. NON PROFIT - PRIVATE
13	Mr CHUCK BILL	Hospital - General	VOL. NON PROFIT - PRIVATE
14	Ms SUSAN MCGOUGH	Hospital - Critical Access	GOVERNMENT-LOCAL
15	Dr NORMAN HAUG	Hospital - Critical Access	VOL. NON PROFIT - PRIVATE
16	Mr TOM MINGEN	Hospital - General	GOV.-HOSP. DIST. OR AUTH.
17	MR KIRK DIGNUM	Hospital - General	VOL. NON PROFIT - PRIVATE
18	Mr DOUGLAS FAUS	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
19	Mr PAUL CHODKOWSKI	Hospital - General	VOL. NON PROFIT - PRIVATE
20	MR ERROL SNIDER	Hospital - Critical Access	VOL. NON PROFIT - PRIVATE
21	MR GARY BREWER	Hospital - General	VOL. NON PROFIT - PRIVATE
22	Mr MARK FRANCIS	Hospital - General	VOL. NON PROFIT - PRIVATE
23	Mr ROBERT OLESKEVICH	Hospital - Psychiatric	VOL. NON PROFIT-OTHER
24	MR M RANDELL PHELPS	Hospital - Critical Access	GOVERNMENT-LOCAL
25	Mr DAVID GARNAS	Hospital - Critical Access	GOVERNMENT-LOCAL
26	Ms DEBORAH PELLINI	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
27	Mr RICHARD EISENRING	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
28	ROBERT OMER	Hospital - General	GOVERNMENT-LOCAL
29	KENNETH PLATOU	Hospital - General	GOVERNMENT-LOCAL
30	Mr KEN BACON	Hospital - General	VOL. NON PROFIT-OTHER
31	Ms MARTIE WISDOM	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
32	NATHAN OLSON	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
33	MR KARL GILLS	Hospital - General	VOL. NON PROFIT - PRIVATE
34	MR MICHAEL GILLEN	Hospital - General	VOL. NON PROFIT-OTHER
35	CAROLYN RILEY	Hospital - Critical Access	VOL. NON PROFIT - PRIVATE
36	Mr TOM ZELLERS	Hospital - General	VOL. NON PROFIT - PRIVATE
37	Mr STEPHEN PERKINS	Hospital - Critical Access	GOVERNMENT-STATE
38	MR JAMES JORDAN	Hospital - Critical Access	GOVERNMENT-LOCAL
39	MR CURTIS HAWKINSON	Hospital - General	GOVERNMENT-LOCAL
40	MR WARREN YULE	Hospital - Critical Access	GOVERNMENT-STATE
41	Mr AARON WOOD	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
42	Ms ARLENE HARMS	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
43	MR HERMAN SCHREIVOGEL	Hospital - Critical Access	GOVERNMENT-LOCAL
44	RICK ASH	Hospital - Critical Access	VOL. NON PROFIT-OTHER
45	MR LYNN CROWELL	Hospital - General	VOL. NON PROFIT-OTHER
46	GREG GERARD	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
47	Mr MICHAEL BOYLES	Hospital - Critical Access	GOVERNMENT-LOCAL
48	Mr WILLIAM DONATELLI	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
49	Mr EDWARD FINLEY	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
50	MS LINDA LOPPE	Hospital - Critical Access	GOV.-HOSP. DIST. OR AUTH.
51	Renee Toft	Rural Health Clinics	Local Government
52	Katrissa Gates	Rural Health Clinics	Non Profit
53	Karyn Breznau	Rural Health Clinics	Local Government
54	Brenda Briegel	Rural Health Clinics	Local Government
55	Curtis Hawkinson	Rural Health Clinics	Local Government
56	Sharon Hevner	Rural Health Clinics	Local Government
57	Richard Rivera	Rural Health Clinics	Non Profit
58	Norman Haug	Rural Health Clinics	Non Profit
59	Warren Yule	Rural Health Clinics	Local Government
60	Mary Beth Hovel	Rural Health Clinics	Local Government
61	Arlene Harms	Rural Health Clinics	Local Government
62	Gary Brown	Rural Health Clinics	Non Profit
63	Karen Donkle	Rural Health Clinics	Local Government
64	Christy Atwood	Rural Health Clinics	Local Government
65	Lara Antonelli	Rural Health Clinics	Local Government
66	Chrystal Black	Rural Health Clinics	Local Government
67	Lois Kame	Rural Health Clinics	Local Government
68	Lois Kame	Rural Health Clinics	Local Government
69	Cecelia Deen	Rural Health Clinics	Non Profit
70	Brenda Briegel	Rural Health Clinics	Local Government
71	Gary Hughes	Rural Health Clinics	Local Government

	Administrator/Contact	Facility Type	Ownership
72	Tracy Folsom	Rural Health Clinics	Non Profit
73	Lynette Souza	Rural Health Clinics	Non Profit
74	Toloa Pearl	Rural Health Clinics	Local Government
75	Warren Yule	Rural Health Clinics	Local Government
76	Cindy Killip	Rural Health Clinics	Non Profit
	Year 2		
	Administrator/Contact	**Facility Type**	**Ownership**
77	Ms SANDY HARRIS	Community Clinic	STATE
78	DR ROBERT BLISS	Community Clinic	STATE
79	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
80	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
81	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
82	Mr. GREG REPETTI	Community Clinic & Emergency Center	CORPORATE NON-PROFIT
83	MR BYRON GEER	Community Clinic	CORPORATE NON-PROFIT
84		Community Clinic	CORPORATE NON-PROFIT
85	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
86	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
87	Ms LYNN ERICKSON	Community Clinic	STATE
88	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
89	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
90	Mr DAVID ADAMSON	Community Clinic	CORPORATE NON-PROFIT
91	Mr ROBERT WALLACE	Community Clinic & Emergency Center	CORPORATE NON-PROFIT
92	Ms BJ SCOTT	Community Clinic	CORPORATE NON-PROFIT
93	Ms BJ SCOTT	Community Clinic	CORPORATE NON-PROFIT
94	MS DIANNE SMITH	Community Clinic	CORPORATE NON-PROFIT
95	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
96	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
97	Mr. GREG REPETTI	Community Clinic	CORPORATE NON-PROFIT
98	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
99	Mr AARON WOOD	Community Clinic	DISTRICT
100	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
101	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
102	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
103	MS LANA THOMAS	Community Clinic	CORPORATE NON-PROFIT
104	Mr DAVID ADAMSON	Community Clinic	CORPORATE NON-PROFIT
105	Mr PAUL CHODKOWSKI	Community Clinic & Emergency Center	CORPORATE NON-PROFIT
106	Mr STEPHEN HURD	Community Clinic	CORPORATE NON-PROFIT
107	Ms HOPE MACIAS	Community Clinic	CORPORATE NON-PROFIT
108	Ms ELIZABETH PROPP	Community Clinic & Emergency Center	CORPORATE NON-PROFIT
109	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
110	MR JAY BROOKE	Community Clinic	CORPORATE NON-PROFIT
111	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
112	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
113	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
114	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
115	Dr ROGER SHERMAN	Community Clinic & Emergency Center	INDIVIDUAL
116	KENNETH PLATOU	Community Clinic & Emergency Center	CITY-COUNTY
117	Mr DAVID ADAMSON	Community Clinic	CORPORATE NON-PROFIT
118	MS MICHELLE HAYNES	Community Clinic	CORPORATE NON-PROFIT
119	Mr KENNETH PLATOU	Community Clinic	CITY-COUNTY
120	Mr ALLEN HUGHES	Community Clinic & Emergency Center	DISTRICT
121	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
122	MS MARGUERITE SALAZAR	Community Clinic	CORPORATE NON-PROFIT
123	MR STANLEY BRASHER	Community Clinic	CORPORATE NON-PROFIT
124	Mr HARRY PACKARD	Community Clinic & Emergency Center	
125	MS CAROL AMATO	Community Clinic	STATE
126	Mr PAUL CHODKOWSKI	Community Clinic & Emergency Center	CORPORATE NON-PROFIT

<u>APPENDIX 2—Letters of Support</u>

1. Colorado Hospital Association
2. Colorado Rural Hospital Council
3. Colorado Rural Health Centers
4. Colorado Regional Health Information Organization
5. University of Colorado School of Medicine (2 letters)
6. Denver Health
7. Banner Health—North Colorado Medical Center
8. San Luis Valley Regional Medical Center
9. Family Health West
10. San Luis Valley Regional Medical Center
11. Department of Personnel and Administration, Division of Information Technologies
12. Department of Local Affairs
13. Front Range GigaPoP
14. National LambdaRail

Colorado Hospital Association

April 20, 2007

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Rural Health Care Pilot Program

Dear Honorable Commissioners:

The Colorado Hospital Association is pleased to endorse the Colorado Health Care
Connections response to the Commission's new Rural Health Care Pilot Program
established in FCC Order 06-144, WC Docket No. 02-60.

The Colorado Hospital Association will be the corporate home for the Colorado Health Care
Connections consortium that is submitting the application. CHA will provide the
administrative oversight, governance and coordination activities for the pilot program. All
non-profit and public hospitals in Colorado are members of CHA.

Colorado Health Care Connections is a consortium of health care providers, organized for
the purpose of establishing a statewide broadband network dedicated to health care, with a
goal of connecting all public and private non-profit health care providers – hospitals and
clinics – in rural and urban locations of the state.

Colorado is largely rural and frontier in nature, with 25 hospitals that are Critical Access
Hospitals, meaning hospitals with 25 or fewer beds, located in a rural area and with an
average length of stay below 4 days. Access to telemedicine will improve access to healthcare
and contribute to enhanced patient safety and quality of care for many areas of the state
challenged by healthcare professional shortages and significant geographic distances.

CHA will work with Colorado Health Care Connections and the telecommunications
providers to offer services that are affordable and sustainable. The State of Colorado is also a
key principal in this project. CHA strongly supports the consortium concept, with all the
partnerships that are in place to provide support and assistance – both financial and in-kind.

7335 East Orchard Road, Suite 100 | Greenwood Village, CO 80111 | **TEL:** 720.489.1630 | **FAX:** 720.489.9400 | **www.cha.com**

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CHA is committed to efforts that allow Colorado hospitals to serve their patients and communities in the best manner possible. To that end, we urge the Commission to approve the Colorado Health Care Connections application. It will strengthen the healthcare delivery system in Colorado. Thank you for the opportunity to implement a coordinated approach with the rural healthcare funding from the Universal Service Fund.

Sincerely,

Steven J. Summer
President and CEO

7335 East Orchard Road, Suite 100 | Greenwood Village, CO 80111 | **TEL:** 720.489.1630 | **FAX:** 720.489.9400 | **www.cha.com**

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April 26, 2007

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Rural Health Care Pilot Program

Dear Honorable Commissioners:

On behalf of the Colorado Rural Hospital Council and the 43 rural hospitals in Colorado, we are pleased to endorse the Colorado Health Care Connections response to the Commission's new Rural Health Care Pilot Program established in FCC Order 06-144, WC Docket No. 02-60.

The Colorado Health Care Connections application is being submitted as a consortium of health care providers, organized for the purpose of establishing a statewide broadband network dedicated to health care, connecting public and private non-profit health care providers in rural and urban locations of the state. The Colorado Hospital Association will serve as the corporate, non-profit home of the consortium.

The consortium has targeted the provision of broadband network services to all public and non-profit hospitals and clinics in the state. The goal is to deploy affordable broadband Ethernet availability to every rural and mid-size metropolitan public or non-profit hospital and rural clinic to encourage the development and utilization of telemedicine services throughout Colorado. Telemedicine is an important application in the delivery of healthcare in the rural and frontier areas of Colorado. In addition to the geographic distances that pose barriers to access to healthcare, 51 of 64 Colorado counties are healthcare professions shortage areas. There are counties that do not even have a primary care physician. Yet, some of these same counties are on major transportation routes and serve not only local residents, but travelers from in-state and out-of-state. Colorado has legislation that allows public programs to pay for delivery of healthcare by way of telemedicine.
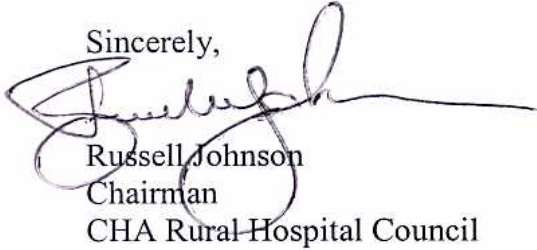
Rural and mid-sized healthcare providers will be linked to tertiary and quaternary urban hospitals via peering with the network at the Front Range GigaPoP, a national research network point of presence. For-profit providers will also be able to exchange traffic at major Tier-1 Internet peering points. The advantage of this system is that providers will all operate on one platform, rather than using expensive and limited point-to-point service.

In addition to telemedicine, another important application includes development of the platform that will allow the exchange of electronic health information in an environment where protection of personal health information can be provided. Electronic health information is being strongly advocated as public policy at the federal level. Within Colorado the Regional Health Information Organization (CORHIO) has a board of directors established to advance these efforts. In addition, legislation currently pending that encourages development of electronic health information (Senate Bill 07-196).

106 Blanca Avenue

Alamosa, CO 81101

Phone: 719-589-2511

Fax: 719-587-1372

Web: www.slvrmc.org

Delivering exceptional healthcare personal

As healthcare organizations that struggle every day to provide care, 24 / 7, often without the resources of major urban hospitals, we urge the Commission's favorable review of the Colorado Health Care Connections application and congratulate the Commission on its foresightedness in seeking more effective means to implement the rural health care funding mechanism of the Universal Service Fund.

Sincerely,

Russell Johnson
Chairman
CHA Rural Hospital Council

Colorado Rural Health Center

"Enhancing healthcare services in Colorado by providing information,
education, linkages, tools & energy toward addressing rural healthcare issues."

April 24, 2007

Federal Communications Commission
445 12th Street, SW
Washington, DC 20554

RE: Rural Health Care Pilot Program

Dear Honorable Commissioners:

The Colorado Rural Health Center, Colorado's not-for-profit State Office of Rural
Health, is pleased to endorse the Colorado Health Care Connections response to
the Commission's Rural Health Care Pilot Program. The Colorado Rural Health
Center plans to partner with the State of Colorado Division of Information
Technologies and the Colorado Hospital Association to provide outreach to rural
communities to assist with the implementation of this statewide program.

The Colorado Health Care Connections application proposes a consortium of
health care facilities, organized for the purpose of establishing a statewide
broadband network. The network will link rural health care providers with urban
hospitals by building upon the existing Multi-Use Network (MNT), which provides
fiber-optic connectivity to every county seat in the State of Colorado. Through
this network, rural hospitals and clinics will connect and partner with metropolitan
tertiary facilities. We believe this connectivity will ultimately improve the quality of
patient care provided in rural Colorado through telemedicine programs and the
transmission of electronic health information.
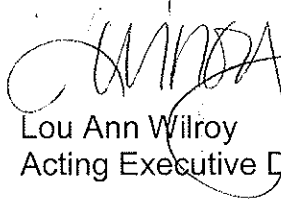
In Colorado, rural hospitals and clinics are isolated by geographic barriers, and
vast distances between access points. All but four of Colorado's 64 counties are
designated as either Health Professional Shortage Areas or Medically
Underserved Areas. Rural communities chronically experience significant
provider shortages at all levels, including primary care physicians, nurses,
ancillary providers, and pharmacists. The Colorado Health Care Connections
project will strengthen the State's telecommunications and information
infrastructure, providing rural facilities with efficient access to specialty
consultation, continuing education, and pertinent health information.

The Colorado Health Care Connections consortium has thoughtfully developed
comprehensive management and sustainability plans for this project, and has

obtained a commitment from Qwest Communications for establishment of a discounted single, flat-rate tariff based on bandwidth for public sector users of the network. In addition to the Colorado Hospital Association and Colorado Rural Health Center, key stakeholders such as Banner Health, the University of Colorado at Denver Health Sciences Center, the Colorado Regional Health Information Organization (CORHIO), and Denver Health & Hospitals have come to the table to collaborate and ensure the success of this innovative initiative.

We urge the Commission's favorable review of the Colorado Health Care Connections application, and commend the Commission for pursuing this effective utilization of the Universal Service Fund dollars.

Sincerely,

Lou Ann Wilroy
Acting Executive Director

CORHIO
Colorado Regional
Health Information
Organization

April 26, 2007

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Dear Honorable Commissioners:

On behalf of the Colorado Regional Health Information Organization (CORHIO), I am pleased to offer support for the Colorado Health Care Connections application to participate in the new Rural Health Care Pilot Program established in FCC Order 06-144, WC Docket No. 02-60. This consortium of health care providers with administrative and facilitation support provided by the Colorado Hospital Association, is uniquely positioned to benefit rural health care in our state with the resources available from the Universal Service Fund.

CORHIO is a non-profit state level health information exchange (HIE) organization dedicated to building a statewide, interoperable network. Led by an impressive Board that includes CEOs of diverse health care sectors, regions, organizations, providers and public agencies (i.e. public health, Medicaid), CORHIO will enable Colorado's doctors, hospitals, patients and public health professionals to share health information and have access to vital health information when and where they need it. Building Colorado's capacity for electronic health records and Web-based exchange of information is seen as an imperative for improving health and health care by CORHIO's broad statewide coalition of stakeholders. Closely aligned with nationwide goals for implementing electronic medical records and HIE, CORHIO's efforts are also supported by Colorado's governor, executive branch Office of Information Technology, and state and local policy makers. Pending legislation calls for development of a long range state plan for achieving health IT capacity and a compact with other western states for expanding HIE.

Essential to achieving CORHIO's success is a state-of-the-art telecommunications system to support the sharing of electronic health information among providers located in diverse practice settings and geographical regions. Absent the technology, health care providers in Colorado's rural and frontier environments may have difficulty participating in the CORHIO efforts as they expand statewide.

Colorado's proposed Health Care Connections is an important part of improving the health and quality health care available for all Coloradans. We appreciate the Commission's foresight in making this opportunity available and urge your support of the Colorado Health Care Connections application.

Sincerely,

Lynn Dierker, RN
Interim Executive Director

University of Colorado at Denver and Health Sciences Center

Office of the Dean
Ninth and Colorado Campus

School of Medicine
4200 East Ninth Avenue, C290
Denver, Colorado 80262
Phone: 303-315-7565
Fax: 303-315-8494

04/27/07

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Rural Health Care Pilot Program

Dear Honorable Commissioners:

I am pleased to endorse the Colorado Health Care Connections response to the Commission's new Rural Health Care Pilot Program established in FCC Order 06-144.

The Colorado Health Care Connections application is being submitted as a consortium of health care providers, organized for the purpose of establishing a statewide broadband network dedicated to health care, connecting public and private non-profit health care providers in rural and urban locations of the state. The Colorado Hospital Association serves as the corporate, non-profit home of the consortium.

The consortium has targeted the provision of broadband network services to all public and non-profit hospitals and clinics in the state. The network will leverage the existing state government Wide Area Network, the Multi-Use Network, built over the past 10 years with an investment of over $100 million and providing a statewide fiber-optic backbone to every county seat in Colorado, with one mountainous county served by equivalent microwave bandwidth. The MNT was built as a public-private partnership between Qwest Communications and the State, where the State served as anchor tenant to the benefit of all private and public sector users of the network.

Qwest Communications has made a commitment to the State to establish a discounted single, flat-rate intrastate tariff based on bandwidth specifically for public sector users of the State's network. The State, through its Division of Information Technologies which operates the MNT, will resell this Qwest service to public and non-profit users, specifically including hospitals and clinics. The funding requested in the Colorado Health Care Connections application will be used to defray the network upgrade expenses, which Qwest will bundle into an average installation cost by bandwidth per facility connected. Qwest is able to make this commitment because the FCC program gives Colorado the opportunity to make health care the anchor tenant for the statewide network upgrade of the MNT and consequently of Qwest's statewide
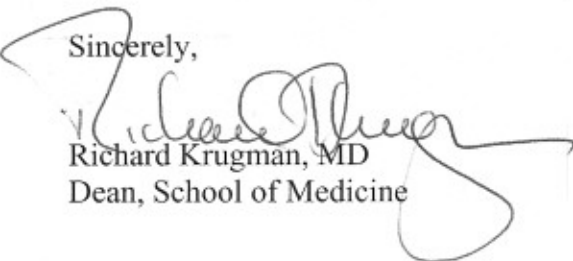
telecommunications and information infrastructure, thus making the proposed network sustainable and a resource for statewide community and economic development.

The goal of Colorado Health Care Connections is to upgrade the MNT to include broadband Ethernet availability to every rural and mid-size metropolitan public or non-profit hospital (43 rural; 3 mid-size metropolitan) and rural clinic (90). The major public and non-profit tertiary and quaternary urban hospitals will peer with our network at the Internet2 GigaPoPs operated by the National Center for Atmospheric Research. For-profit health care providers will be able to exchange traffic with our network at major Tier-1 Internet peering points. All users of the Colorado Health Care Connections network will have both Internet2 and National LambdaRail access.

Colorado Heath Care Connections subscribers will pay 15% of the total cost of the planned network enhancement through normal, recurring operating fees. The State of Colorado will provide an additional match of $150,000 per year for the administrative costs of governing and managing the consortium and promoting the delivery of telehealth services throughout Colorado.

I urge the Commission's favorable review of the Colorado Health Care Connections application and congratulate the Commission on its foresightedness in seeking more effective means to implement the rural health care funding mechanism of the Universal Service Fund.

Sincerely,

Richard Krugman, MD
Dean, School of Medicine

University of Colorado Denver and Health Sciences Center
4200 East 9th Avenue, Denver, CO 80262

April 23, 2007

J. Jeffrey Richardson, Ph.D.
MNT Program Coordinator
Colorado Division of Information Technologies

Dear Dr. Richardson:

We offer our enthusiastic support of the proposed multi-use network for improving the capacity to deliver telehealth in rural Colorado. Your proposal to develop a broad-based coalition of healthcare providers—*Colorado Health Care Connections*—in response to the Commission's new Rural Health Care Pilot Program established in FCC Order 06- 144, to improve the healthcare delivery throughout all Colorado is impressive and we are excited to work with you on this innovative project.

We understand that the goal is to connect all 43 rural hospitals and 90 rural clinics to the Multi-Use Network. In turn, the Multi-Use Network will be connected by dedicated Ethernet network to the major metropolitan tertiary hospitals through the Front Range GigaPoP (FRGP). This should significantly reduce the costs of access to this network for our rural constituents.

Our current goals are to provide educational services throughout the state using the best educational resources of the University of Colorado Health Science Center faculty and resources. Providing our educational service through a dedicated fiber optic network will enhance our services and allow us to provide much more in-depth and graphically interactive educational programs.

We are happy to join with the Colorado Health Care Connections consortium, led by the Colorado Hospital Association. The consortium will represent all public and non-profit health care institutions connected to the Multi-Use Network. It will provide management and organizational services including governance, management and staffing to assess, promote and coordinate the use of telehealth and telemedicine services among rural and urban institutions in Colorado.

We are happy to provide this letter of support and our commitment to continue our educational services to rural Colorado.

Sincerely,

John M. Westfall, MD, MPH   Betty L. Charles
Associate Dean for Rural Health   Associate Director
University of Colorado School of Medicine   Educational Support Services, UCDHSC

Campuses: Denver • Anschutz Medical Campus • Ninth and Colorado

D E N V E R
H E A L T H

Your Community

Health Partner

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554   April 23, 2007

Re: WC Docket No. 02-60, Rural Health Care Pilot Program

Dear Honorable Commissioners:

Denver Health is Colorado's primary "safety net" institution. In the last 10 years, this compassionate organization provided more than $2.1 billion in care for the uninsured. Nearly $285 million of that care was provided last year, constituting 42 percent of all uncompensated care provided in metropolitan Denver and nearly 30 percent in the state.

Denver Health also houses the Denver Health Paramedic School; the Rocky Mountain Center for Medical Response to Terrorism, Mass Casualties and Epidemics; the Rita Bass Trauma & EMS Education Institute; the Colorado Biological, Nuclear, Incendiary, Chemical and Explosive (BNICE) Training Center; and clinical training programs for medical residents and allied health professional in many different specialties. Denver Health also provides medical services, including telehealth services, to the State Department of Corrections.

Because of Denver Health's statewide role, we are sensitive to the value of a statewide, dedicated health care network. Denver Health is connected to the commodity Internet and other national research networks through the City and County of Denver's dedicated fiber link to the Front Range GigaPoP (FRGP). The State of Colorado, the anticipated network provider for the proposed Colorado Health Care Connections project, is also connected to the FRGP. This gives us the opportunity, in accordance with the proposed effort, to seamlessly exchange traffic in an enterprise network configuration with all hospitals and clinics in Colorado.

We strongly endorse this proposal for a number of reasons: it is comprehensive in its goal to connect all rural hospitals and clinics, it builds on the state's existing enterprise network, and it provides direct network connectivity, via the Front Range GigaPoP, between Colorado's tertiary hospitals and the more remote rural hospitals and clinics.

Finally, we would be proud to assist the Colorado Health Care Connections consortium to reach its goals by serving on its governing board.

Sincerely,

Allan Liebgott, MD
Director of Correctional Care & Telemedicine
Denver Health
(303) 436-7113
(303) 436-3554 (Fax)

777 Bannock Street   Denver, Colorado 80204   303.436.6000   fax: 303.436.5131

1801 16th Street
Greeley, CO 80631

Banner Health
Nort 1 Colorado
Med cal Center·

M ay 7, 2007

Fe deral Communications Commission
4<5 12th Street, S.W.
W ashington, D.C. 20554

Re: Rural Health Care Pilot Program

De ar Honorable Commissioners:

North Colorado Medical Center is pleased to endorse the "Colorado Health Care Connections" re ponse to the Commission's new Rural Health Care Pilot Program established in FCC Order 0€-144.

North Colorado Medical Center (NCMC) is a not-for-profit health care facility, in Greeley, Colorado. It serves as the primary full-service tertiary facility for northern and eastern Colorado, so rthern Wyoming, western Nebraska and Kansas.

NCMC professionals are nationally recognized for excellence in many programs such as burn an 1 trauma care. We also offer exceptional care for heart and hyperbaric medicine. Additionally, NCMC is home to the highest rated cancer care program in Northern Colorado.

NCMC uses many technological tools to bridge communication between urban and rural medical fa ilities. Telephone, digital imaging and video conferencing are just three ways urban specialists pr vide consultations, education, and training to health care providers in rural communities.

Th e "Colorado Health Care Connections" is an opportunity to build a broadband network to pr vide timely specialty health care to our under serviced rural regions of Colorado. This pr gram will stimulate and increases the economic develop to these communities because of the im provement of health care services that they will receive from this connectivity.

NCMC urge the Commission's favorable review of the "Colorado Health Care Connections" ap lication and congratulate the Commission on its foresightedness in seeking more effective me ans to implement the rural health care funding mechanism of the Universal Service Fund.

Sir cerely,

Ge 1e L. O'Hara, PharmD, FACHE
Ch ef Executive Officer

April 26, 2007

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Rural Health Care Pilot Program

Dear Honorable Commissioners:

San Luis Valley Regional Medical Center is pleased to endorse the application by the Colorado Health Care Connections consortium for funding under the Commission's new Rural Health Care Pilot Program established in FCC Order 06-144, WC Docket No. 02-60.

San Luis Valley Regional Medical Center is located in Alamosa, approximately 4 hours and 240 miles south of Denver, Colorado, and about 35 miles north of the New Mexico border. The hospital is the largest health care provider in a 100 mile radius, operating a clinic in Alamosa, Conejos County Hospital in La Jara (about 15 miles south), and having affiliations with Rio Grande Hospital in Del Norte and other clinics. SLVRMC is also the first responder for an area encompassing over 8,000 square miles. I offer these statistics to give you an idea of how rural and frontier the geographic area this hospital serves. In addition, this area includes many of the lowest income counties in Colorado.

Telemedicine and the ability to transmit health information electronically is essential to the delivery of safe, high quality and efficient health care to the residents of the San Luis Valley. Deployment of Ethernet, as proposed in this application, will significantly improve the ability of health care providers to utilize important technologies and will improve our ability to serve our patients throughout our service area.

We urge the Commission to favorably review the Colorado Health Care Connections application and express our appreciation for the opportunity to propose a new and more effective means for utilizing USAC funds.

Sincerely,

Russell Johnson
Chief Executive Officer

106 Blanca Avenue
Alamosa, CO 81101
Phone: 719-589-2511
Fax: 719-587-1372
Web: www.slvrmc.org

Making exceptional healthcare personal

VHA

April 25, 2007

Federal Communications Commission
445 12ᵗʰ Street, S.W.
Washington, D.C. 20554

Re: Rural Health Care Pilot Program

Dear Honorable Commissioners:

Family Health West is a 10 bed, critical access hospital located in Fruita, Colorado, which is located more than 250 miles west of Denver, 18 miles from the Utah border. Telemedicine is an important component of providing high quality appropriate healthcare to the residents of our community. Our small hospital currently utilizes teleradiology via a point-to-point connection with St. Mary's Hospital and Medical Center in Grand Junction, Colorado.

Family Health West endorses the Colorado Health Care Connections response to the Commission's new Rural Health Care Pilot Program established in FCC Order 06-144, WC Docket No. 02-60. Deployment of Ethernet statewide, which will allow all eligible health care providers to have access to the same platform and Internet2 will be a major contributor to the ability of small, rural hospitals like Family Health West to utilize additional telemedicine services without incurring additional high costs for the telecommunications linkages.

The consortium that is applying will be very strong with the Colorado Hospital Association as its corporate sponsor, providing staff and coordination, and the State of Colorado Multi-Use Network as the service provider.

Family Health West is excited to see the scope of this project and respectfully asks the commission to support this application for the benefit of the residents of Colorado.

Sincerely,

Errol Snider
Chief Operating Officer

228 North Cherry
P.O. Box 130
Fruita, Colorado 81521-0130
(970) 858-9871 • Fax (970) 858-7911

FCC Rural Health Care Pilot Program Application WC Docket No. 02-60
Colorado Health Care Connections--May7, 2007   Page 55

State of Colorado

Bill Ritter Jr.
Governor

Rich Gonzales
Executive Director

Jennifer Okes
Deputy Executive Director

Todd E. Olson
Division Director

May 2, 2007

DPA

**Department of Personnel
& Administration**

Executive Office
Division of Information Technologies
633 17th Street, Suite 1400
Denver, Colorado 80202
Phone (303) 866-2285
Fax (303) 866-4374
www.colorado.gov/dpa

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Rural Health Care Pilot Program

Dear Honorable Commissioners:

The State of Colorado, Department of Personnel and Administration, Division of Information Technologies is pleased to endorse the Colorado Health Care Connections response to the Commission's new Rural Health Care Pilot Program established in FCC Order 06-144, WC Docket No. 02-60.

The Division of Information Technologies operates the statewide broadband wide area network, the Multi-Use Network, developed as a public-private partnership with Qwest Communications and completed in 2003. The Multi-Use Network is the sole network for official State business throughout Colorado. Statute permits the network to serve political subdivisions of the State, including public and non-profit health care institutions. In this role, the Multi-Use Network is a value-added private network based on resale of Qwest Communications services.

The intention of the Colorado Health Care Connections application is to leverage this existing public sector network as the basis of a statewide, broadband, dedicated health care network, as contemplated in the Order, Paragraph 16, "leveraging existing technology." For this proposed effort, working closely with Colorado Health Care Connections and Qwest, the Multi-Use Network will develop a new service:

- Wide area Ethernet, suitable to the needs of the health care community
- A single subnet of the Mutli-Use Network forming a dedicated network for health care users
- A special tariff designed to make possible universal participation affordable to all rural hospitals and clinics in the state given the USAC support requested in the proposal
- Connection to Internet2 and/or National LambaRail

We understand that the contractual agreement between the Division of Information Technologies and the Colorado Health Care Connections must be fulfilled within the competitive bidding requirements of the existing Rural Health program of USAC. Colorado Health Care Connections will post Form 465 requesting statewide Ethernet services on a single subnet with Internet2/NLR connectivity. The Division of Information Technology hereby pledges to respond to this request for bid. The planning behind this proposal is based on our utilization of the Multi-Use Network and will allow us to provide the most satisfactory bid in terms of service and price. If this is the case, the Colorado Health Care Connections consortium will post Form 466 indicating their selection of the Division of Information Technologies Multi-Use Network as their telecommunications provider. Thereafter, the Multi-Use Network, which has a current SPIN number, will file Form 467s as each individual health care customer and circuit is added to the network.

In addition to the required 15% match to be provided by the health care subscribers to the proposed network, we pledge to provide $150,000 to support the statewide telehealth coordination role documented in the proposal.

This cash match is contingent upon the Consortium selecting the State as their network provider in accordance with the USAC regulatory requirements. It is also conditioned on appropriation and availability of funds for this purpose.

The one-year nature of this commitment is designed to fulfill the "start-up" needs of the Consortium's telehealth coordination function, allowing it time to seek sustainable, long-term funding from the health care subscriber base anticipated in the proposal.

The Multi-Use Network has been a major success in Colorado and it has overcome the digital divide. The State served as the anchor tenant for Qwest to deploy fiber optics statewide and the infrastructure is now available to all users in the public and private sectors. Under the FCC Rural Health Pilot Program, Colorado's health care institutions will be playing a similar anchor tenant role for the statewide deployment of wide area Ethernet services.

Sincerely,

Todd Olson
Division Director

STATE OF COLORADO

DEPARTMENT OF LOCAL AFFAIRS
1313 Sherman Street, Suite 521
Denver, CO 80203
Phone: (303) 866-2771
FAX: (303) 866-4819
TDD: (303) 866-5300

Bill Ritter, Jr.
Governor

Susan E. Kirkpatrick
Executive Director

April 19, 2007

Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Letter of support for WC Docket No. 02-60, Rural Health Care Pilot Program

Honorable Commissioners:

Colorado's rural demographics pose serious obstacles to equitable access to health care and telecommunications. Colorado took great steps in addressing this digital divide with the 2003 completion of the statewide, fiber-based Multi-Use Network. We believe the Rural Health Care Pilot Program can lead to near universal participation by all of Colorado's hospitals and clinics in a statewide, broadband, dedicated health care network based on the Multi-Use Network. The introduction of telehealth and telemedicine could bring untold benefits to Colorado communities and begin to address Colorado's rural health care shortage.

This proposed effort is directly in line with the mission of the Department of Local Affairs to provide community assistance to local governments around the state. We strongly support the Rural Health Care Pilot Program proposal and pledge to work with the project partners to try and leverage CDBG and CSBG dollars to assist in the provision of necessary infrastructure and community services should the project be funded.

Grant assistance from the FCC will provide the essential resources to help Colorado's rural communities access the health care services they desperately need. I hope you will look favorably on the Rural Health Care Pilot Program's grant application.

Sincerely,

Barbara Kirkmeyer, Director
Division of Local Government

NATIONAL CENTER FOR ATMOSPHERIC RESEARCH
Computational and Information Systems Laboratory
Network Engineering and Technology Section
P.O. Box 3000 ● Boulder, Colorado ● 80307
Telephone: (303) 497-1301 ●● Fax (303) 497-1818

Wednesday, April 25, 2007

Colorado Health Care Connections
c/o Colorado Hospital Association
7335 East Orchard Road, Suite 100
Greenwood Village, CO 80111

The Front Range GigaPoP (FRGP) is pleased to submit this letter of support for The Colorado Health Care Connections consortium application to the FCC Rural Health Care Pilot Program. The Front Range GigaPoP is a consortium of Universities, non-profit corporations, sub-politicals, and government agencies that cooperate in an aggregation point called the FRGP in order to share Wide Area Networking services, access to the commodity Internet, access to the Abilene (I2) research network, access to the National LambdaRail (NLR), and intra-FRGP access. The current FRGP members are listed on the FRGP web page, www.frgp.net. The FRGP is one of several gigapops in the US. GigaPoP members typically enjoy reduced costs, shared expertise, shared services, increased buying power, and economies of scale. NCAR/UCAR provides the engineering and Network Operations Center support for the FRGP.

We believe strongly that it is in the best interest of Colorado health care providers to interconnect with the FRGP research and education community. This maximizes intra-FRGP traffic, which is not rate-limited, keeping all of this traffic within Colorado and the FRGP; this maximizes performance and builds a sense of community. The FRGP provides peering with Comcast and RMIX, which may help your users to optimize performance. The FRGP also provides TransitRail peering, which can offload more expensive commodity links and maximize performance. High-end network access to NLR and/or I2 is critical for Rural Health Care users in order to lower the demands for commodity Internet and optimize national research and education network reachability, performance and interconnectedness.

The FRGP looks forward to working with The Colorado Health Care Connections consortium on this project.

Sincerely,

Marla Meehl
Manager of the Network Engineering and Telecommunications Section (NETS), NCAR/UCAR
Manager of the Front Range GigaPoP (FRGP)

cc: Front Range GigaPoP Management Committee

Friday, April 27, 2007

J. Jeffrey Richardson
MNT Program Coordinator
Colorado Health Care Connections
c/o Colorado Hospital Association
7335 East Orchard Road, Suite 100
Greenwood Village, CO 80111

Dear Dr. Richardson:

Please accept this letter as an expression of support from National LambdaRail, Inc. for The Colorado Health Care Connections consortium's application to the Federal Communications Commission for funding of costs to deploy a regional dedicated broadband health care network. Our organization, through its member, the Front Range GigaPop, is pleased to provide the national component of the broadband connectivity that will allow rural hospitals throughout Colorado to communicate electronically with providers all over the United States enabling your program to deliver health care to patients regardless of geographic location by actively participating in an evolving nationwide healthcare delivery network.

I am pleased to commit to providing access to the national network resources of National LambdaRail, via Front Range GigaPop, to your project during the life of the pilot program.

We are committed to serving as a key participant, via Front Range GigaPop's partnership in this project that will result from the application being submitted by your consortium.

Thank you for initiating this effort that will strengthen health care for and the information infrastructure of our rural communities.

Sincerely,

Thomas W. West
CEO, National LambdaRail, Inc.

cc: Marla Meehl

APPENDIX 3—Telehealth Coordination Budget

Note: The budget is not included in the overall match. These funds will be provided by grant from the Colorado Department of Personnel and Administration, Division of Information Technologies to the Colorado Hospital Association for the management and staffing of the statewide telehealth coordination mission of the Colorado Health Care Connections consortium.

BUDGET FOR MANAGEMENT AND COORDINATION SERVICES

Project Manager – Salaries and Benefits	$90,000

Educational Meetings
     Assume 40 people/ meeting @$40 each,
     Meeting rooms @ $150
	$10,500

Travel for educational meetings
     Assume 6 meetings statewide,
     2000 miles @ $.40/mi +
     2 nights lodging + food
	$ 1,000

Subcontract to CRHC for education	$ 7,500

Marketing and coordination travel
     Assume 4 days/month,
     Average 1,000 mi/week @ $.40/mi
     + 3 nights lodging and food
	$13,500

Conference calls/L.D./video conferencing
     Governing Board & coordination functions
     12 Board meetings @ $300 each
     1 coordinating / marketing /education call biweekly
     @ $300 each
	$11,400

Governing Board meeting expenses
     Assume approx 12 mtgs x 11 participants
     @ $40 / person
	$ 5,300

Rent, Utilities, Overhead for Project Manager (12%)	$10,800
TOTAL	**$150,000**

APPENDIX 4—Background

Colorado's Rural Demographics

Colorado has a significant rural and frontier presence, with 24 rural and 23 frontier counties and only 17 urban counties. Most of Colorado by congressional district is 40-60% medically disenfranchised due to lack of access to primary care.[1] Fifty-one of Colorado's 64 counties are in health shortage areas.[2] These statistics underscore the critical need for telehealth in Colorado.

Colorado's Rural, Frontier, and Urban Counties
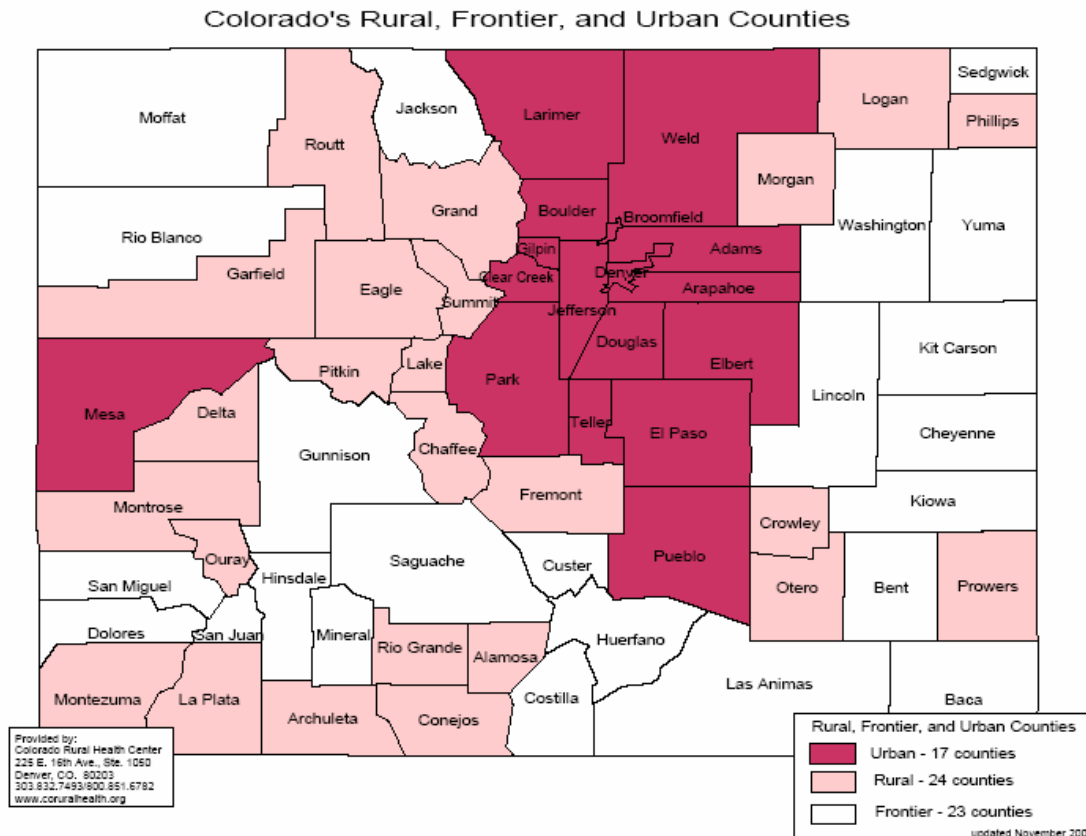
Colorado's Multi-Use Network (Multi-Use Network)

Program Overview

The Multi-Use Network concept was formulated in the February 1998 "Strategic Plan for a Statewide Telecommunications Infrastructure." It was authorized as a state program by SB 96-102. Its goal was to connect urban and rural communities across the state, bridging the digital divide. Its method was to use the public sector as an anchor tenant for telecommunications investment.

The Department of Personnel and Administration launched the Multi-Use Network Program in June 2000 by formally entering into a public-private partnership with Qwest Communications. As anchor

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[1] Access Denied: A Look at America's Medically Disenfranchised. National Association of Community Health Centers, 2007.
[2] Source: Colorado Department of Public Health and Environment.

tenant, the State of Colorado agreed to aggregate its data telecommunications circuits onto the Multi-Use Network. Qwest agreed to build a high-speed digital network, comprised, where possible, of fiber-optic infrastructure, spanning every county seat in the state. A sister program to the Multi-Use Network, the Beanpole Program, authorized by HB 99-1109, addressed the "last-mile" issue. The Beanpole Program was managed by the Department of Local Affairs.

COLORADO HIGH SPEED DIGITAL NETWORK
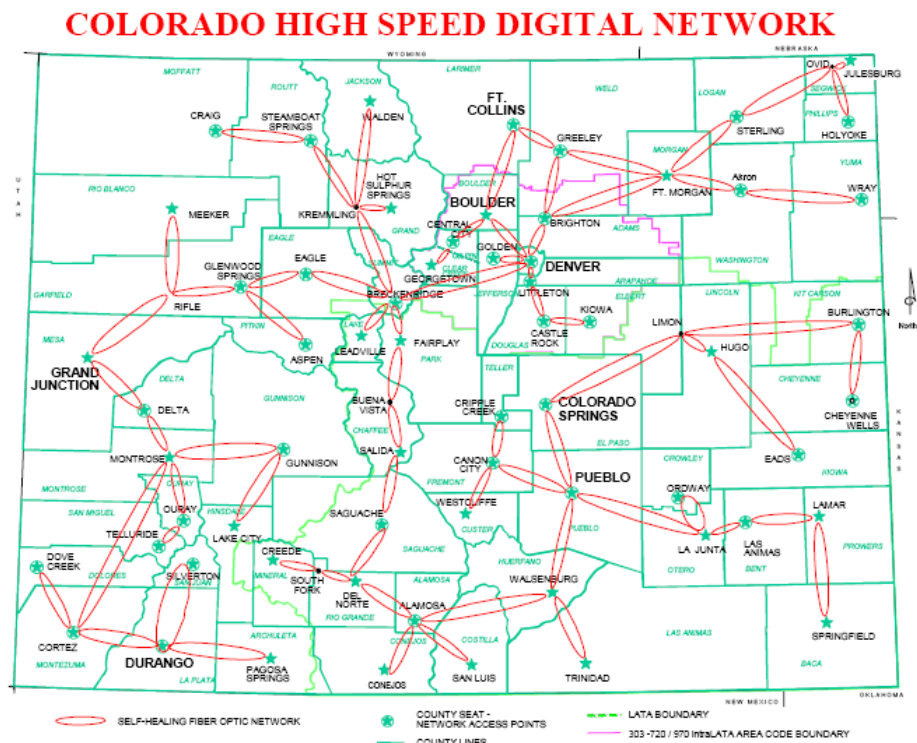
Under the Multi-Use Network program, Qwest and its partners built a statewide fiber optic network spanning all of Colorado's county seats, with the exception of Silverton to which high-speed, reliable microwave was deployed. This network, owned and operated by Qwest and its partners and available to all Qwest customers, is called the Colorado High Speed Digital Network (CHSDN). Traffic originating within county seats is routed to anywhere in the network without mileage charges using the telecommunications routing protocol called Asynchronous Transfer Mode (ATM).

The State serves as the anchor tenant on the CHSDN. Using the ATM cloud, five large telecommunications switches and wholesale access to the Internet, the Division of Information Technologies (DoIT) has created the Multi-Use Network as a sub-network of the CHSDN.

The Multi-Use Network provides cost-effective, quality, high-speed broadband data communications and Internet access to Colorado's public sector: e.g., state agencies, schools, colleges, libraries, hospitals and local government.

Project build-out was successfully completed in three years. Qwest and its strategic partners (CenturyTel, Phillips Telephone and Eastern Slope) established a total of 65 points of service (termed ANAPs or Aggregated Network Access Points) throughout Colorado. Qwest and its strategic partners have invested approximately $60 million in the infrastructure for the Multi-Use Network, and the

State dedicated its annual data circuit business to the Multi-Use Network (approximately $7 million per year) and agreed to pay fees of $9.5 million over five years to reserve 20 Mbps of bandwidth at each ANAP for public sector use.

This income stream allowed Qwest and its partners to make the capital investment necessary to deploy fiber-optic points of presence in rural parts of Colorado where an adequate business case did not exist prior to the Multi-Use Network.

Illustration of Aggregation
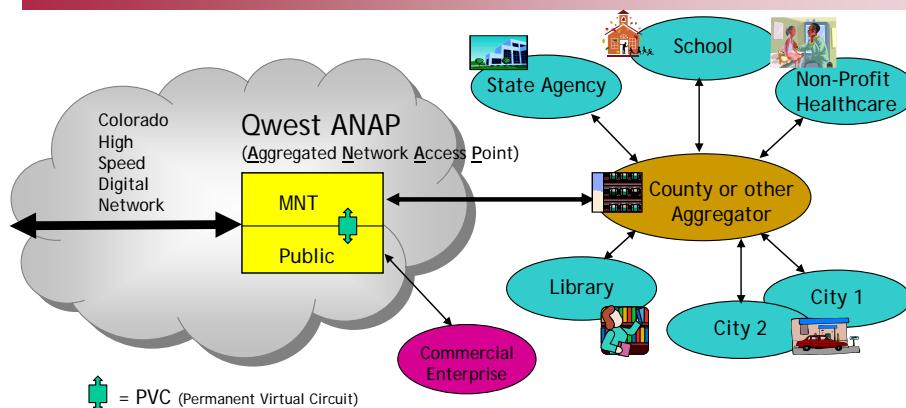
In addition to the 65 ANAPs operated by Qwest and its partners, the State has installed 5 Super ANAP sites to route internal state traffic utilizing MGX 8850 carrier grade switch equipment. The State installed 39 Edge sites at circuit aggregation points among the larger state agency operations throughout Colorado. (An "Edge" site is an end-user access point to the Multi-Use Network designed to be shared among high bandwidth public sector users.) The State also installed an additional 15 county points of presence (CPOPs) to aggregate circuits at the county level that are not sufficient to justify a full Edge site.

As a result of the Multi-Use Network Program, Colorado has bridged the digital divide with a network that is capable of delivering voice, video and data services to every county in the state. This network provides a pipeline to the state's rural areas capable of supporting growth in both existing and New Economy industries while also providing access for public sector services in health care, education and government.

The $4.6 million Beanpole Program has helped 25 counties implement new last-mile broadband infrastructure within their communities and has helped another 8 counties in planning. All Beanpole communities that received planning and implementation funding are connected to the Multi-Use Network.

Network Overview

The Multi-Use Network is an enterprise-class service providing secure, high-speed broadband access over carrier-class infrastructure owned and operated by Qwest and its partners. The network spans every county seat in Colorado. It is exclusively fiber optic, except at present in Silverton, where a reliable high-speed microwave link has been deployed. The Multi-Use Network is self-healing—if

any one path is cut, traffic is automatically re-routed. The Multi-Use Network receives a much higher level of service commitment from its carriers (Qwest and its partners) than is provided by common commercial enterprise services, or for DSL or cell services. All internal state traffic remains inside of the network and does not traverse the Internet. As such, the Multi-Use Network is an intranet for state government and its political subdivisions.   The Multi-Use Network maintains two independent connections to the Internet and two separate connections across the area code (i.e., LATA) boundary between northern and southern Colorado. The Multi-Use Network Information Security Operations Center provides monitoring and early warning to our customers on malicious code active on the network. In summary, the Multi-Use Network network architecture and support provides a highly robust, reliable, available and survivable network that is well-suited to mission-critical state operations.
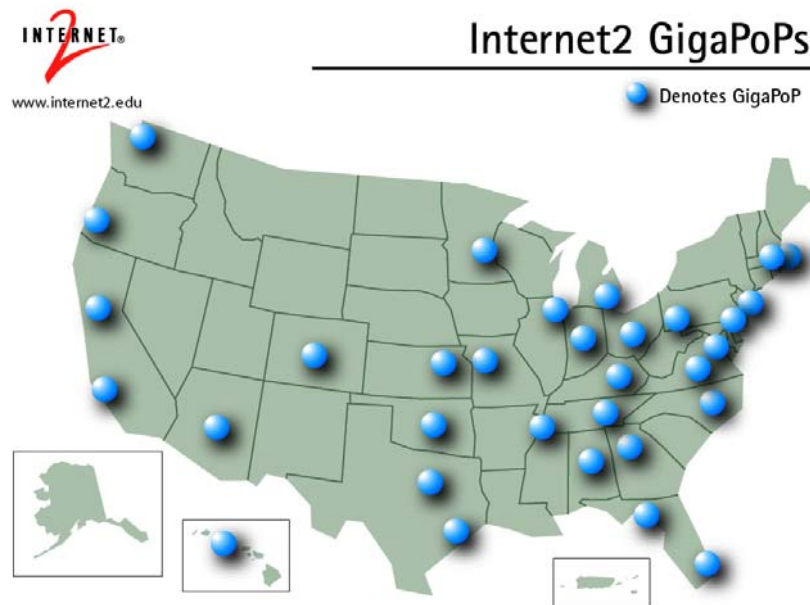
Front Range GigaPoP
The Multi-Use Network interconnects to the Internet, Internet2, the National LambdaRail, and enterprise networks of higher education at the Front Range GigaPoP. The Front Range GigaPoP (FRGP) is advancing the research and educational goals of government, non-profit, and educational FRGP members and other institutions in Colorado, Utah, and Wyoming by establishing and maintaining a unique multi-state network infrastructure that is owned and controlled by the FRGP member research and education community. Ownership of the underlying optical infrastructure ensures the research and education community unprecedented control and flexibility in meeting the requirements of the most advanced network applications and providing the resources demanded by cutting-edge network research. The FRGP aims to enable advanced education, support experimental and production networks, foster networking and application research, promote next-generation applications, and facilitate interconnectivity among high-performance research and education networks.

Exisitng Multi-Use Network services include both circuit and Internet access in one bundled price. Both ATM and Frame Relay access are supported. Existing subscription rates vary by the Multi-Use

Network teleco partner involved and are based on the cost of the circuit plus a fee to recover audited costs of operating the network. The State currently pays retail tariffed rates for its Multi-Use Network circuits. A new Ethernet service will be added contingent upon award to Colorado Health Care Connections of an FCC Pilot Health Care Network grant and the subsequent selection of the Multi-Use Network by the consortium for the provision of its health care network services.

Exact service quotes are available at http://www.Multi-Use Network.state.co.us. Sample rates offered at the Qwest ANAPs include:

1 Mbps burstable bit rate	$535	1 Mbps constant bit rate	$603
6 Mbps burstable bit rate	$2,347	6 Mbps constant bit rate	$2,751

The Multi-Use Network also offers DSL service, with the current rates ranging from $24 up to $80 depending on type of service. The Multi-Use Network has 1,159 DSL customers, mostly Colorado Lottery sites.

The Multi-Use Network manages 5.1 Gbps of subscribed bandwidth and operated at 99.9766% core network availability for July 2005 through June 2006 (not including scheduled outages). The Multi-Use Network maintains two independent connections to the Internet totaling over 180 Mbps.

Current Status

The state is nearing the 10-year anniversary since the authorization of the Multi-Use Network (Multi-Use Network) program. With the successful completion of the Multi-Use Network project in 2003, the Multi-Use Network program now provides fiber optic connectivity to every county seat in the state, except at present, Silverton, which is served by reliable, high-speed microwave. This has stimulated private carrier offerings of last-mile broadband (DSL, cable, wireless) to homes and businesses in 97% of county seats. The Multi-Use Network backbone reaches 70% of the rural municipal population including every community over 5,000. With the addition of the 20 communities with population over 1,000 that are not county seats, the Multi-Use Network would reach 91% of Colorado's rural municipal population. In tandem with the Multi-Use Network, the Beanpole project provided last-mile broadband to hundreds of public facilities in a dozen counties, while augmenting service available to homes and businesses. Model Beanpole successes include the southeast (SECOM), Morgan County, and Cortez.

The BISON Fiber Optic Network including Colorado, Wyoming and Utah

As the Multi-Use Network conquered yesterday's "digital divide," a new digital divide is forming because of the ever maturing pace of technology. The Asynchronous Transfer Mode (ATM) protocol of the current Multi-Use Network has become outmoded and needs to be replaced with newer protocols, such as MPLS. Further, the present Multi-Use Network pricing structure, based around units of 1 million bits per second, does not scale to tomorrow's needs for 1 billion bits per second (Gbps). With ATM and its current high cost structure, the present Multi-Use Network cannot adequately serve as a statewide backbone for Gbps networking. Finally, the "last-mile" (or the "first-mile", depending on your point of view), remains an issue. Regardless of specific transmission technology (copper, fiber, wireless, cable, or whatever transmission technology becomes feasible), last-mile Gbps access needs to be established throughout rural Colorado.

Future Plans
The Multi-Use Network will continue its role of serving as telecommunications "anchor tenant" in Colorado by applying the purchasing power of the State to stimulate needed technology upgrades and affordable pricing. Statewide improvement in broadband infrastructure will promote economic development and quality of life throughout the state, in particular, in rural areas where market demand alone may be an insufficient to stimulate investment.

The Multi-Use Network program is guided by three principles:

- Prosperity Principle. The purpose of networks is to build communities across the state.

- Anchor Tenant Principle. The public sector should not simply meet its own needs without a strategy of improving the situation for the entire community.

- Partnership Principle. New infrastructure needs to be owned and operated by the private sector so it can be made available to all through the free market.

Multi-Use Network Post 2010—Renewing the Public-Private Partnership
The Multi-Use Network program is beginning the process of re-bidding the contract for the Multi-Use Network. By the end of the 10-year initial Multi-Use Network contract with Qwest, June 30, 2010, the State will have issued a Request for Proposal (RFP) and awarded a contract to continue the Multi-Use Network services and its role as the state's telecommunications anchor tenant. State government (possibly in concert with K-12 organizations and other political subdivisions who wish to participate) will pledge all of its telecommunications business (about $10M/year for the State), plus any necessary direct payments, to the winning telecommunications carrier. Note, in the original Multi-Use Network award, direct payments of $9.8 million were made to guarantee the public sector access to the new network, this served as an additional incentive to invest to build out the fiber network.

The RFP will seek a highly discounted tariff for the public-sector consortium significantly below retail rates. This will remedy the key difficulty with the current Multi-Use Network program—that the State has been obliged to buy its circuits at near the tariffed retail rate, giving no advantage to potential public sector customers once the overhead costs of managing the Multi-Use Network as a secure, reliable, enterprise network are added to the price.

Public revenue sources for the Multi-Use Network renewal will come from the pledge of existing government telecommunications business. It is assumed that governmental entities would pay for their new faster services without dramatic increase in cost and would do so from existing operating budgets. Any additional capital investment required by carriers to achieve this pricing could be accomplished through direct annual payments as fees. Revenue for these fees could come from departmental operating funds (as is the current practice, where the fee has been bundled into circuit costs as an unallocated expense), from the General Fund, the Universal Service Fund, or the Capital Construction Fund.

The State has an opportunity to address last-mile issues in concert with the Multi-Use Network renewal through a 1-layer or 2-layer approach. In the 1-layer approach, the Multi-Use Network renewal itself would include last-mile connectivity to participating schools and other entities. In a 2-layer approach, the Multi-Use Network renewal would serve as a statewide Gbps backbone, and last-mile connectivity would be addressed through a series of local government Beanpole grants. The Beanpole grants would have several new requirements: that funds be used only for private carrier Gbps-like deployment, that funds not pay operating costs of participants, and the resulting network would be interconnected to the Multi-Use Network backbone.